

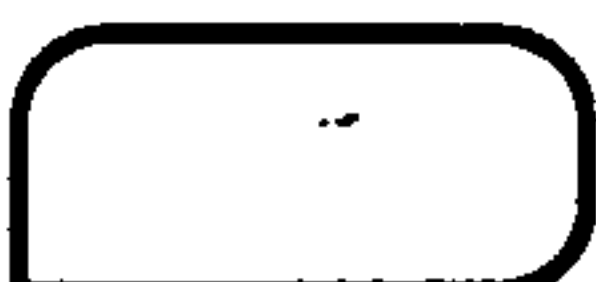
CHILDREN'S HOSPITAL

HOSPITAL NUMBER 5 0 7 1-3

NAME STRAIN ADAM

UNIT NUMBER 364377 4-13

ADDRESS



14-15

BIRTH SURNAME

SEX M - MALE
F - FEMALE

M 16

DATE OF BIRTH

0 4 0 8 9 1

17-22

OCCUPATION

NOTE: Where patient is a 'child', 'at school' or a 'housewife' please state occupation of head of household

D 23

MARITAL STATUS

1 - Single 2 - Married 3 - Widowed
4 - Other 5 - Not Known

1 24

RELIGION

1 - Church of Ireland 2 - Presbyterian 3 - Methodist
4 - Roman Catholic 5 - Jewish 6 - Other (specify)
7 - Not Known 9 - None

7 25

DATE OF ADMISSION

2 1 0 4 9 3

26-31

ADMISSION TYPE

1 - Immediate 2 - Waiting List 3 - Other Hospital
4 - Booked (Non Maternity) 5 - Booked (Maternity)
6 - Born in Hospital

D 32

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY)

33-38

ACCIDENT

1 - Home - Burns 2 - Home - Scalds 3 - Home - Falls 4 - Home - Poisoning, Inhalation
5 - Home - Poisoning, Other 6 - Home - Other 7 - RTA 8 - School
9 - At Work 10 - Sport 11 - Civil Disturbance 12 - Assault
13 - Other 14 - Not Applicable

D 39

CONSULTANT DR M SAVAGE

6 1 7 0

40-43

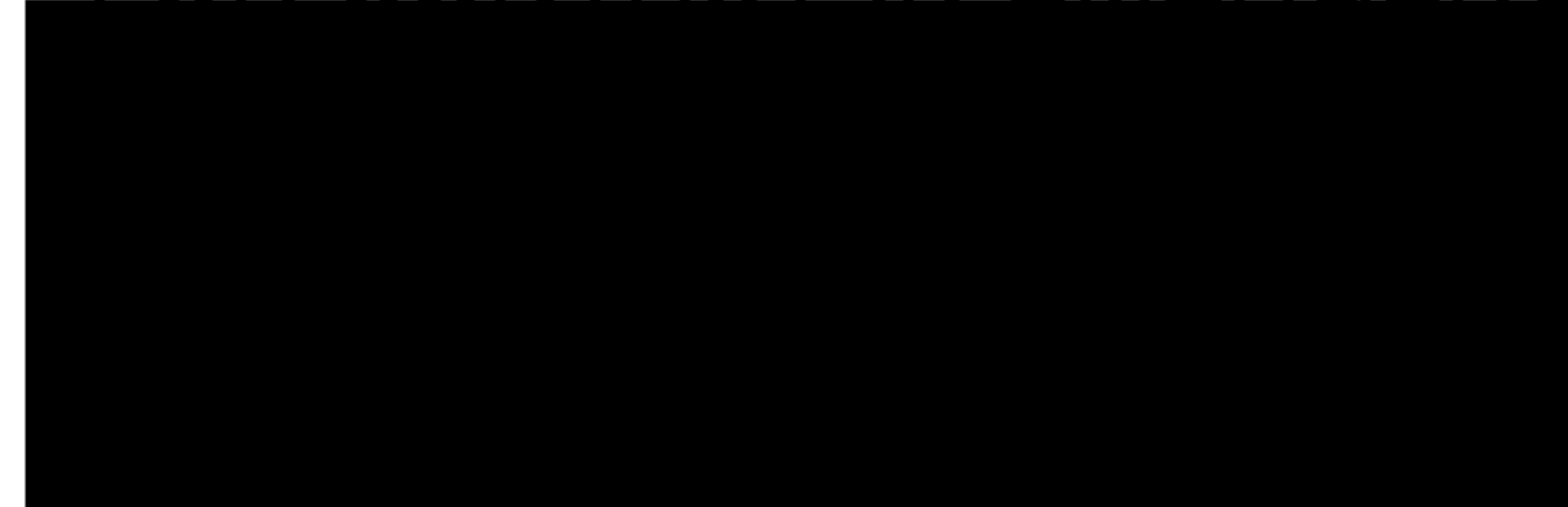
No. OF FORM IN BATCH

44-46

OWN DOCTOR
DR SCOTT
THE SURGERY
9 BROOK STREET
HOLYWOOD

TELEPHONE:
87-6984

RELATIVE OR OTHER PERSON
FOR CONTACT IN EMERGENCY



TELEPHONE:



PREVIOUS ATTENDANCES

YES / NO

WARD

MUSG

ADMITTED BY

JL

TIME

12:02