

CHILDREN'S HOSPITAL

HOSPITAL NUMBER 1-3

NAME STRAIN ADAM UNIT NUMBER 4-13

ADDRESS 14-15

BIRTH SURNAME SEX M - MALE F - FEMALE ☐ 16

DATE OF BIRTH 17-22

OCCUPATION NOTE: Where patient is a 'child', 'at school' or a 'housewife' please state occupation of head of household ☐ 23

MARITAL STATUS 1 - Single 2 - Married 3 - Widowed 4 - Other 5 - Not Known ☐ 24

RELIGION 1 - Church of Ireland 2 - Presbyterian 3 - Methodist 4 - Roman Catholic 5 - Jewish 6 - Other (Specify) 7 - Not Known ☐ 25

DATE OF ADMISSION 26-28

ADMISSION TYPE 1 - Immediate 2 - Waiting List 3 - Other Hospital 4 - Booked (Non Maternity) 5 - Booked (Maternity) 6 - Born in Hospital ☐ 29

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 ☐ 39

CONSULTANT DR M SAVAGE 40-43

No. OF FORM IN BATCH 44-46

OWN DOCTOR DR SCOTT THE SURGERY 9 BROOK STREET HOLYWOOD TELEPHONE: BT18 9DA 	RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY 	PREVIOUS ATTENDANCES
		YES / NO
		WARD
		ADMITTED BY
		TIME
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