CHILDREN'S HOSPITAL

HOSPITAL NUMBER 5 0 7 (1-3)

NAME STRAIN ADAM

UNIT NUMBER 3 6 4 3 7 7 (4-13)

ADDRESS [redacted] (14-15)

BIRTH SURNAME

SEX M - MALE F - FEMALE — M (16)

DATE OF BIRTH 0 4 0 8 3 1 (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 (25)

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY) (26-31)

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 D CARSON — 6 1 6 2 (40-43)

No. OF FORM IN BATCH (44-46)

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLYWOOD
BT18 9DA

TELEPHONE: [redacted]

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY

MRS STRAIN

[redacted]

B

MOTHER

TELEPHONE:

PREVIOUS ATTENDANCES

YES / NO

WARD M U

ADMITTED BY P W

TIME 2 0 : 0 0

AS - ROYAL

WXP 7329

057-006-007