

CHILDREN'S HOSPITAL

HOSPITAL
NUMBER

5 0 7

NAME

STRAIN ADAM

UNIT
NUMBER

3 6 4 3 7 7

ADDRESS

BIRTH SURNAME

SEX
M - MALE
F - FEMALE

M

DATE OF BIRTH

0 4 0 8 9 1

OCCUPATION

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

MARITAL STATUS

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

RELIGION

1 - Church of Ireland 2 - Presbyterian 3 - Methodist
4 - Roman Catholic 5 - Jewish 6 - Other
7 - Not Known 8 - None

DATE OF ADMISSION

1 9 0 7 9 5

ADMISSION TYPE

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

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY)

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

CONSULTANT

DR M SAVAGE

6 1 7

No. OF FORM IN BATCH

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLLYWOOD
BT18 9DA

TELEPHONE:

0232 426984

RELATIVE OR OTHER PERSON
FOR CONTACT IN EMERGENCY
MRS STRAIN

MOTHER

TELEPHONE:

PREVIOUS ATTENDANCES

YES/NO

WARD

ADMITTED BY

PAH

TIME

0 9 : 1 8

AS - ROYAL

WXP 7329

057-043-073