

SHORT STAY SHEET

NAME Adam Strain

ADDRESS



HOSPITAL NO: 364377

D.O.B. 4.8.91

INFECTIOUS DISEASES: NONE

CONTACT IN LAST MONTH: NO CONTACT

IMMUNIZATIONS

ALLERGIES NONE KNOWN

PRESENT MEDICATION

OTHER RELEVANT INFORMATION
Renal dialysis patient in for

removal of c/lune

ADMISSION DATA

TEMP: 37 PULSE: 117 B.P. 113/71

URINALYSIS / WEIGHT: 17.1 kgs HEIGHT: /

GENERAL APPEARANCE: Clean + tidy

REASON FOR ADMISSION:

Renal Patient

For removal of c/lune

SIGNATURE

TICK

IDENTITY BAND

WEIGHT IN CHART

FASTING FROM: ^{WATER} GUM

ANAESTHETIC CREAM
TO SITE

PARENT/CHILD KNOW
WHAT TO EXPECT

DATE: 9.2.95

SIGNATURE: F. Clements

DESIGNATION: S/N

F. Clements

F. Clements

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