

(37)

CHILDREN'S HOSPITAL

HOSPITAL
NUMBER

5 0 3

1-3

NAME

CRAWFORD LUCY

UNIT
NUMBER

4 6 1 3 5 8

4-13

ADDRESS

BIRTH SURNAME

SEX

M - MALE

F - FEMALE

16

DATE OF BIRTH

0 5 1 1 9 8

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

9 - None

25

DATE OF ADMISSION

1 3 0 4 0 0

26-31

ADMISSION TYPE

1 - Immediate

2 - Waiting List

3 - Other Hospital

4 - Booked (Non Maternity)

5 - Booked (Maternity)

6 - Born in Hospital

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

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CONSULTANT

DR P.M. CREAM

1 6 6 9

40-43

No. OF FORM IN BATCH

OWN DOCTOR

RELATIVE OR OTHER PERSON
FOR CONTACT IN EMERGENCY

MRS CRAWFORD

PREVIOUS ATTENDANCES

YES/NO

WARD

I C U

TELEPHONE:

TELEPHONE: MOTHER

ADMITTED BY

J L

TIME

0 8 : 4 0

44-46