CHILDREN'S HOSPITAL

HOSPITAL NUMBER: 0 [redacted] 1-3

NAME: FERGUSON RACHEL

UNIT NUMBER: 420554 4-13

ADDRESS: [redacted] 14-15

BIRTH SURNAME

SEX M - MALE F - FEMALE 16

DATE OF BIRTH 17-

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

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RELIGION

1 - Church of Ireland 2 - [redacted] 3 - [redacted]
4 - [redacted] 7 - [redacted]

[redacted] 7

ADMISSION TYPE

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

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY) 33-

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. CREAN 40-4

No. OF FORM IN BATCH 44-4

OWN DOCTOR

DR. SPENCE
WATERSIDE HEALTH CTR
GLENDERMOTT ROAD
LONDONDERRY
BT47 1AU

TELEPHONE: [redacted]

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY

TELEPHONE:

PREVIOUS ATTENDANCES

YES/NO

WARD

ICU

ADMITTED BY

AM

TIME

12:46

PNP-97C092-WXP7329

RF – ROYAL

063-003-008