

EASTERN HEALTH AND SOCIAL SERVICES BOARD

New Report DISTRICT

HOSPITAL/COMMUNITY LIAISON GENERAL SERVICES

FACILITY

NAME

CH 328770 U

ADDR

CLAIRE ROBERTS

S 10/01/87

Wd/Dept

CONSULTANT

GEN. PRACT.

Date of Adm.

Date of Disch.

School

WD/OP

CONSULTANT

Date of Birth

Date of Admission

Admission Received

NURSING TREATMENT REQUIRED

MEDICATION ON DISCHARGE

AIDS/EQUIPMENT

ORDERED

YES/NO

OTHER SUPPORTING SERVICES REQUIRED

YES/NO

FURTHER RELEVANT INFORMATION

MESSAGE BY TELEPHONE TO

(YES/NO)

SIGNED

(SISTER/CHARGE NURSE)

DATE

REFERRAL ACTION TAKEN