

CHILDREN'S HOSPITAL		HOSPITAL NUMBER
NAME ROBERTS CLAIRE		UNIT NUMBER 328770
ADDRESS		
BIRTH SURNAME	SEX M - MALE F - FEMALE F	
DATE OF BIRTH	1 0 0 1 8 7	
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 1	
RELIGION	1 - Church of Ireland 2 - Presbyterian 3 - Methodist 4 - Roman Catholic 5 - Jewish 6 - Other (specify) 7 - Not Known 9 - None	
DATE OF ADMISSION	0 4 0 9 8 7	
ADMISSION TYPE	1 - Immediate 2 - Waiting List 3 - Other Hospital 4 - Booked (Non Maternity) 5 - Booked (Maternity) 6 - Born in Hospital 1	
DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY)		
ACCIDENT	1 - Not Accident 2 - Road Traffic 3 - Home 4 - Other 5 - Assault (other than 6) 6 - Civil Disturbance 7 - Industrial 8 - Sports 1	
CONSULTANT	DR E HICKE 4 2 1 5	
No. OF FORM IN BATCH		
OWN DOCTOR DR McMILLEN WOODSTOCK RD	RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY	PREVIOUS ATTENDANCES YES/NO
TELEPHONE:	TELEPHONE:	WARD A11
		ADMITTED BY JL
		TIME 14:52