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CHILDREN'S HOSPITAL

HOSPITAL NUMBER [redacted] 1-3

NAME MITCHELL CONOR

UNIT NUMBER 334505 4-13

ADDRESS [redacted] 14-15

BIRTH SURNAME

SEX M - MALE F - FEMALE M 16

DATE OF BIRTH 12 01 97 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 S 24

RELIGION 1 - Church of Ireland 2 - Presbyterian 3 - Methodist 4 - Roman Catholic 5 - Jewish 6 - Other (specify) 7 - Not Known 9 - None [redacted] 25

DATE OF ADMISSION 09 05 03 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 39

CONSULTANT DR J.P. MCKAIGUE 40-43

No. OF FORM IN BATCH 44-46

OWN DOCTOR

[redacted]

TELEPHONE [redacted]

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY

MRS. MITCHELL [redacted]

TELEPHONE: MOTHER [redacted]

PREVIOUS ATTENDANCES YES/NO

WARD ICU

ADMITTED BY AMI

TIME 21:26

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The ROYAL HOSPITALS

The Royal Belfast Hospital For Sick Children
INPATIENT / OUTPATIENT ADVICE NOTE

HOSPITAL No. 334505

☐ Emergency ☐ Elective ☐ Non-elective ☐ Daycase ☐ Outpatient - new/1st/2nd/ongoing

USE ONLY A BALLPOINT PEN PRESS HARD

Dear Doctor

Your patient was seen/admitted

and discharged/transferred on

Consultant Dr/Mr

Ward 1CH

Referred by ☐ A&E ☐ GP ☐ OP ☐ WL ☐ Other

Name Conor Mitchell

Address [redacted]

[redacted] Postcode [redacted]

D.O.B. 12.10.87 Male ☑ Female ☐

Please place addressograph label here

Primary diagnosis(es) (write major symptoms if diagnosis not known) **Code**

1.
2.
3.
4.

Underlying conditions and co-morbidities **Code**

1.
2.
3.
4.

Procedures **Date** **Code**

1.
2.
3.

Complications **Date** **Code**

1.
2.
3.

Major clinical features (current)

Investigations (and results)

Social/other factors affecting care **Code**

1.
2.

Comments (including information given to patient/ parents)

Discharge/recommended medications

Drug	Dose & freq.	Duration

Patient's Weight (current)

kg

Review arrangements

1. With GP in
2. By hospital in
3. Other: whom
when

Signed

☐ Consultant ☐ Reg ☐ SHO ☐ Clin. Asst.

BLOCK LETTERS

Date / /

GH9528 WNC781

RBHSC, Falls Road, Belfast BT12 6BE. Tel [redacted]

CM - Royal

092-016-038