

section overleaf before giving patient for completion.

Fold Here

Please fold and seal this side of form and fill in top

Name of Patient: Claire Roberts

Date: 14/7/88

Dear Dr./Mr.

7 1/2 old baby girl

4 1/2 now in school

~~Diagnosed~~ Since age 5 1/2 several admissions to  
convulsions - ? epileptic

Attended paed clinic today and even generally  
well but since coming home has  
developed hoarseness & a degree of stridor  
& temp = 101.

~~On~~ Lung fields clear T.M.S. ✓

pleased about 2 viral laryngobronchitis.  
?? epiglottitis.

Had german measles 3 1/2 yrs but then  
appeared to have resolved.

Details of Drug Therapy and known Sensitivities

Epilim 100mg 200mg  
taken 2.25 & 3.0

Doctor's Name:

Address:

Yours sincerely  
M. L. Williams  
189 Albertbridge Rd.  
(Rubber stamp recommended)

M.R. 48

Dm. 8877567 100m 3/88 Gp 14672 N&K

# **REQUEST FOR OUT-PATIENT CONSULTATION/EMERGENCY ADMISSION\***

FOR DOCTOR'S USE ONLY	Clinic requested: <u>Maynard Sinclair Ward</u>
	of Dr./Mr. _____ *Normal/Immediate
	If patient has attended THIS hospital before, HOSPITAL NUMBER (IF KNOWN): _____
	HEALTH SERVICE NUMBER: (Shown on Patient's Medical Card) _____
	*Please arrange for my patient to be given an appointment at the clinic shown. *Please arrange for my patient's immediate admission. *An ambulance is not required/is required on medical grounds. *Sitting case/stretchers case.

\*Delete as necessary

## FOR HOSPITAL USE

Clinic:

Date of appointment:

Time:

## **TO BE COMPLETED BY THE PATIENT (Block Capitals)**

This form when completed must be sent to the Hospital. You will be notified by post when to attend.

Surname: Mr./Mrs./Miss	First Names:
Surname at Birth:	Telephone No.
Address:	
Date of Birth:	Occupation or School:

DETAILS OF PREVIOUS HOSPITAL ATTEND- ANCE	1 At the Hospital to which you are now being referred
	(a) Date and Year: ..... 19.....
	(b) Hospital No. (if known) .....
	(c) Consultant.....
	(d) Clinic or ward.....
	2 At any other Hospital in Northern Ireland
	(a) Hospital .....
	(b) Date and year .....
	(c) Hospital No. (if known) .....
	(d) Consultant .....

(e) Clinic or ward .....