

ULSTER HOSPITAL

HOSPITAL NUMBER

4 2 1

NAME

ROBERTS: CLAIRE

UNIT

NUMBER

U8706831

ADDRESS

BIRTH SURNAME

SEX

M - MALE

F - FEMALE

DATE OF BIRTH

10 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

RELIGION

1 - Church of Ireland

2 - Presbyterian

3 - Methodist

4 - Roman Catholic

5 - Jewish

6 - Other (Specify)

7 - Not Known

DATE OF ADMISSION

0 2 0 9 8 7

ADMISSION TYPE

1 - Immediate

2 - Waiting List

3 - Other Hospital

4 - Booked (Not Maternity)

5 - Booked (Maternity)

6 - Born in Hospital

DATE PLACED ON WAITING LIST OR BOOKED (NOT MATERNITY)

ACCIDENT

1 - Not Accident

2 - Road Traffic

3 - Home

4 - Other

5 - Assault (Other than 6)

8 - Sports

6 - Civil Disturbance

7 - Industrial

CONSULTANT

Dr. G. G. G.

6 0 2 2

No. OF FORM IN BATCH

OWN DOCTOR

Dr. M. Miller
Knock Road
Belfast

RELATIVE OR OTHER PERSON
FOR CONTACT IN EMERGENCY

Parents S/A

PREVIOUS ATTENDANCES

YES/NO

WARD

AN

ADMITTED BY

TIME

WAS