

# ULSTER HOSPITAL

7803

HOSPITAL NUMBER

4 2 1

NAME **ROBERTS CLAIRE MGT**

UNIT  
NUMBER

U8706831

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  
4 - Other

2 - Married  
5 - Not Known

3 - Widowed

RELIGION

1 - Church of Ireland  
4 - Roman Catholic  
7 - Not Known

2 - Presbyterian  
5 - Jewish

3 - Methodist  
6 - Other (Specify)

DATE OF ADMISSION

2 4 0 8 8 7

ADMISSION TYPE

1 - Immediate  
4 - Booked (Not Maternity)  
6 - Born in Hospital

2 - Waiting List  
5 - Booked (Maternity)

3 - Other Hospital

CLINIC

DATE PLACED ON WAITING LIST OR BOOKED (NOT MATERNITY)

ACCIDENT

1 - Not Accident  
4 - Other  
6 - Civil Disturbance

2 - Road Traffic  
5 - Assault (Other than b)  
7 - Industrial

3 - Home

8 - Sports

CONSULTANT

Dr. Lyleadher

6022

No. OF FORM IN BATCH

OWN DOCTOR

RELATIVE OR OTHER PERSON  
FOR CONTACT IN EMERGENCY

PREVIOUS ATTENDANCES

YES/NO

WARD

ADMITTED BY  
TIME

MM  
3.15pm