

CONVULSION

5 Anglor

# ULSTER HOSPITAL

HOSPITAL NUMBER **4 2 1**

NAME **ROBERTS CLAIR M**

UNIT NUMBER **U8706831**

ADDRESS [REDACTED]

BIRTH SURNAME [REDACTED] SEX **M - MALE**

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 [REDACTED]

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)

DATE OF ADMISSION **2 3 0 7 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) **A/E**

ACCIDENT 1 - Not Accident 2 - Road Traffic 3 - Home 4 - Other 5 - Assault (Other than 6) 6 - Civil Disturbance 7 - Industrial 8 - Sports

CONSULTANT [REDACTED]

No. OF FORM IN BATCH **26**

OWN DOCTOR **Dr M. Mullin  
Kings Road  
Belfast**

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY **Parents STA**

PREVIOUS ATTENDANCES YES/NO  
WARD **MS**  
ADMITTED BY TIME **11.40AM**