

**ARGYLL & BUTE CHP
Accident / Emergency Form**

Islay
 Rothesay
 Dunoon
 Campbeltown
 Lochgilphead

Health Visitor

Name
 Address

**7625
2017**

Surname LEITCH		Forenames ROBERT JOHN		Hospital Corn Community	
Address COT HOUSE INN		Birth Surname LEITCH		Patient's Own Occupation CHIEF	
Postcode PA23 8QS	Telephone No. 07867301185	Date of Birth 15-8-77	Sex M	Marital status Single	Religion
Next of Kin: Name ANNEITA GOUR		Relationship SISTER		Family Doctor: Surname Dr Hallum	
Address 		Address TIGHNA BRUCH		Initials 	

Postcode 	Telephone No. 07511 460171	Postcode 	Telephone No. 01700 811207
Accident / Emergency: Date of Attendance 23-11-17		Previous Attendance at this Hospital Yes / No No	
Time of Attendance 19.45	Reason for Attendance FALL OUTSIDE HIT HEAD & STOMACH		
Date of Injury or Illness 23-11-17	Time of Injury 17.00	Type (Code) 	Source of Referral GP ☐ Self ☒ Police ☐ Other (Code)

Road Traffic Accident Place

Details

Home Accident Probable Cause

To be completed by Medical Officer after seeing Patient

ANN GRAY NPDear Doctor **Hallum**

The above named patient attended Accident and Emergency Department today

Diagnosis **Patient attended department due to a fall patient slipped on ice. Injuring face, stomach and right leg baseline**

X-Ray film / ECG shows **disorientation NEWS = 0 Glasgow Coma Scale = 15 Visual**

Treatment Given **Facility 1/5 both eyes no loss of consciousness no nausea ear and nose clear - small laceration above right eye cleansed and closed using tissue adhesive and steri strips graze wound to stomach and right thigh cleansed Tetanus up to date according to patient**

Drugs **Head injury and wound care advice given to patient**

Tetanus / Prophylaxis has / has not been administered. **patient's friend** TT Booster ☐ HATI ☐ (Please tick)

Would you please arrange

Discharge Codes: Please circle										
1. Admission	3. Refer to GP	5. Died	7. Irregular Discharge							
2. Discharge	4. Transfer to Other Hospital (see below)	6. Refer to CP clinic (see below)	8. DOA							
Ward No. (if admitted)		Transfer to Hospital		Consultant (if admitted)						
Follow up	Not arranged	Arranged		To be arranged						
Clinic referred to	A&E	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn.	Others specify

Medical Officers Name (in block capitals)

ANN GRAY NP

Signature of Medical Officer

Ann

Cons SR Reg SHO / JHO Clin Assist (Please circle)

GP Copy Pink - Medical records copy Yellow - Health Visitors copy Blue - Treatment card copy White

STY0441D