

ARGYLL & BUTE CHP
Accident / Emergency Form

Islay
Rothesay
Dunoon
Campbeltown
Lochgilthead

Health Visitor

Name

Address

0833

2018

Hospital

COWAL COMMUNITY

Surname

LEITCH

Forenames

ROBERT

Birth Surname

Address

THE COTHOUSE INN

Patient's Own Occupation

Postcode

PA238QS

Telephone No.

Date of Birth

13/08/77

Sex

M

Marital status

Religion

Next of Kin: Name

ANNETTE GOLF

Relationship

SISTER

Family Doctor: Surname

DR HICKMAN

Initials

Address

BULLWOOD RD.

Address

CHURCH ST

Postcode

Telephone No.

N/A

Postcode

Telephone No.

Accident / Emergency: Date of Attendance

08/07/18

Previous Attendance at this Hospital Yes / No

In / Out Patient

Year

Time of Attendance

1700

Reason for Attendance

unresponsive episode

Date of Injury or Illness

Time of Injury

Type (Code)

Source of Referral

GP Self Police Other (Code)

999

Road Traffic Accident Place

Details

Home Accident Probable Cause

To be completed by Medical Officer after seeing Patient

Dear Doctor

HICKMAN

The above named patient attended Accident and Emergency Department today

Diagnosis

brought in by ambulance
Known sleep apnoea

X-Ray film / ECG shows

Snoozing at friend's house: witnessed apnoeic episode (no

Treatment Given

CPAP machine on. Punched, called 999.

on review GCS 15

HS 1+1+0 BP 118/75 Pulse 85.

ECG SR M

acute

Drugs

days supply of

Imp sleep apnoea.

Resuscitated and discharged to post

has been given.

Tetanus / Prophylaxis has / has not been administered.

TT Course

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)

Dr Hickman THORNTON

Signature of Medical Officer

hr

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

Discharged
17.20