

REQUEST FOR OUT-PATIENT CONSULTATION and/or BOOKINGOBSTETRIC

Request for Hospital confinement should be restricted to the following categories because of bed shortage

(A) OBSTETRIC INDICATIONS (B) MEDICAL INDICATIONS (C) SOCIAL CONDITIONS

If particular consultant requested, please give name

Dr. _____ Date 1.11.71

Dear Doctor,

I shall be pleased to have your opinion regarding the
* undernoted case whose ante-natal care and delivery I
propose to undertake.

Yours sincerely,

* Delete as appropriate

Dear Doctor,

I shall be pleased if you will see this patient and
* BOOK HER FOR DELIVERY under category A (Enter
A, B or C as applicable). I wish/~~do not wish~~ to take
part in her ante-natal care.

Yours sincerely, J. Donnelly

Name of Patient Eileen O'Hara Age 41 L.M.P. 10.7.71 Number of previous pregnancies 3+1

Previous obstetrical abnormalities

Forceps delivery 1965

Previous Medical History

Has mitral valve disease

Valvotomy 1963

Present Condition, findings and treatment to date

Well. Has had 2 episodes of "spotting".
Fundus 16-18/52 size.

Results of blood examination (if already known)

Blood Group B

Rhesus -ve

Haemoglobin

W.R. or Khan

Previous Blood Transfusion YES/~~NO~~

Antibodies YES/NO