

UNIVERSITY HOSPITAL
UBC SITE - ACUTE CARE UNIT
EMERGENCY RECORD

HOSPITAL NUMBER

2L 0196329

MODE OF ARRIVAL

CAR/ALONE

PATIENTS NAME

GAO, FENG

ARRIVAL DATE

8 DEC 93

TIME

1131

PATIENTS ADDRESS

258 E 58TH AVE, VANCOUVER, BC, V6J 2B9

AGE

34

SEX

M

MARITAL STATUS

S

DATE OF BIRTH

29 JAN 57

MEDICAL PLAN NUMBER

9120140136

RESIDENCE IN B.C.

5 YR YRS.

RESPONSIBLE FOR PAYMENT

HP

MSP #9120140136-00

SOCIAL INSURANCE NUMBER

EMPLOYERS NAME AND ADDRESS

SP

OCCUPATION

PATIENTS PHONE

323-0110

NEAREST RELATIVE AND ADDRESS

GAO, NING

POTSDAM, NEW YORK, VANCOUVER, BC, V6J 2 B SISTER

RELATIONSHIP

RELATIVES PHONE

ELEC. EMERG.

DATE OF ACCIDENT

TIME

OTHER PARTY INVOLVED

YES NO

PLACE AND CAUSE OF ACCIDENT

FAMILY PHYSICIAN

LAI, J/SCHUBERT

E.R. LOG NUMBER

E93-15980

ALLERGIES:

NKA

IMMUNIZATION:

PRESENTING COMPLAINT:

C/O TO SEE A PSYCHIATRIST PRESENTS AS USUAL

1145 CALL IN TO PAROLE OFFICER DAVE PHILLIPS 660 2370.

NOT ON THE CASE ANY MORE.

VAN. REMAND CENTRE 683 0381

FRED HITCHCOCK > WORKERS. PAROLE OFF.

RANDY WATTS > INSTRUCTOR.

NURSE IN ATTENDANCE

ORDERS:

SEE UPDATED NCP.

PHYSICIAN IN ATTENDANCE

REFERRED TO

RESIDENT ATTENDING

CALLED CONTACTED HERE

☐ ADMIT

☐ F.P. NOTIFIED

NOTIFIED:

☐ POLICE

☐ CORONER

☐ RELATIVES

TIME: HR.

☐ DISCHARGE

HR.

DIAGNOSIS:

CODE(S):

PHYSICIAN AUTHORIZING DISCHARGE

PERSONALITY DISORDER.

N/C

HEALTH RECORDS

CONSENT TO DIAGNOSIS, TREATMENT AND CARE

I, the undersigned, do hereby authorize the physicians, dentists, Hospital staff and employees of the Hospital (and persons authorized by such other institutions as may be requested by the Hospital), to carry out examinations, procedures and treatment deemed necessary and advisable for the diagnosis, treatment and continuing care of _____

I also relieve the Hospital from any liability for loss or damage arising in any manner whatsoever out of the said patient being transported from the Hospital to or from any other hospital or institution upon referral for treatment or diagnosis, or out of the said patient being transported to or from the Hospital for any other reason.

Signed: W. A.
(patient or person legally
authorized to give consent)

Relationship to patient: son

Witness: B. Lay

Date: Dec 8 1945

**UNIVERSITY HOSPITAL
UBC SITE - ACUTE CARE UNIT
EMERGENCY RECORD**

ADMISSION DATA	MODE OF ARRIVAL BUS/ALONE										HOSPITAL NUMBER BL 0196329																							
	PATIENTS NAME GAO, FENG															ARRIVAL DATE 13 JAN 94					TIME 0902													
	PATIENTS ADDRESS 258 E 58TH AVE; VANCOUVER; BC; V6J 2B9															AGE 34		SEX M		MARITAL STATUS S		DATE OF BIRTH 29 JAN 59												
	MEDICAL PLAN NUMBER 9120140136					RESIDENCE IN B.C. 4 YR YRS.					RESPONSIBLE FOR PAYMENT MSP #9120140136-00					SOCIAL INSURANCE NUMBER																		
	EMPLOYERS NAME AND ADDRESS SP															OCCUPATION					PATIENTS PHONE 323-8110													
	NEAREST RELATIVE AND ADDRESS GAO, NING POTSDAM, NEW YORK; VANCOUVER; BC; V6J 2															RELATIONSHIP SISTER					RELATIVES PHONE													
	ELEC.		EMERG.		DATE OF ACCIDENT			TIME		OTHER PARTY INVOLVED		YES		NO		PLACE AND CAUSE OF ACCIDENT																		
	FAMILY PHYSICIAN LAI, JAMES/FLEMING															E.R. LOG NUMBER E93-18181																		
	ALLERGIES: NKA															IMMUNIZATION:																		
	PRESENTING COMPLAINT: C/O TO SEE A PSYCHIATRIS																																	
PHYSICIAN	<p><i>State Arrived by bus asking for the Dr to read his past charts "to see if a wrong dx has been made" Informed that there were no mistakes made. Left to parking lot in his own car.</i></p> <p align="right"><i>1002 - Pt returned requesting to see Dr. for since 4p. Asked to leave. Did so 5 minutes later.</i></p>															NURSE IN ATTENDANCE <i>[Signature]</i>					ORDERS:													
PHYSICIAN IN ATTENDANCE										REFERRED TO					RESIDENT ATTENDING					CALLED					CONTACTED					HERE				
<input type="checkbox"/> ADMIT <input type="checkbox"/> F.P. NOTIFIED <input type="checkbox"/> DISCHARGE <input type="checkbox"/> HR.										NOTIFIED: <input type="checkbox"/> POLICE <input type="checkbox"/> CORONER <input type="checkbox"/> RELATIVES										TIME: <input type="checkbox"/> HR.														
PHYSICIAN AUTHORIZING DISCHARGE										DIAGNOSIS:										CODE(S):														

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Signed: [Signature]
(patient or person legally
authorized to give consent)

Relationship to patient: son

Witness: [Signature]

Date: Jan 13 1994