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**BLMK Diabetic Eye Screening Programme**

**Patient Referral Form Please complete this form in full**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **First Name** | **Middle Name** | **Surname** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **NHS Number** | **Date of Birth** | **Gender** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Address Line 1:** |  | **Landline No:** |
| **Address Line 2:** |  | **Mobile No:** |
| **Town:** |  | **Email:** |
| **Postcode:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Date of Diagnosis for Diabetes** | **Date Patient Registered with Surgery** | **Type 1** |
|  |  | **Type 2** |

|  |
| --- |
| **Additional Information - Please tick as appropriate** |
| Alert/Oriented  Alzheimer’s  Comatose  Confused  Dementia  Learning Disability  Learning or Mental Disability  Mental Disability  Unknown  Patient Transport User  Wheelchair user  Interpreter required\*  **Any other relevant information: (please specify language if interpreter\* required)** |

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| --- |
| **Ethnic Origin - Please tick as appropriate** |
| White – English, Welsh, Scottish, Northern Irish or British  White -Irish  White - Any other White background  White – Gypsy or Irish Traveller  White - Roma  Mixed or multiple ethnic groups – White and Black Caribbean  Mixed or multiple ethnic groups – White and Black African  Mixed or multiple ethnic groups – White and Asian  Mixed or multiple ethnic groups – Any other mixed background  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Asian or Asian British – Bangladeshi  Asian or Asian British – Any other Asian background  Black or Black British – Caribbean  Black or Black British – African  Black or Black British – Any other background  Other Ethnic Groups – Chinese  Other Ethnic Groups – Any other ethnic group  Other Ethnic Groups – Arab  Not stated  Unknown |

|  |  |  |
| --- | --- | --- |
| **Form completed by** | **GP Surgery** | **Date** |
|  |  |  |

**Please return form by email:**

Telephone 01234 795861

Email [bhn-tr.RetinalScreening@nhs.net](mailto:bhn-tr.RetinalScreening@nhs.net) March 2025