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**BLMK Diabetic Eye Screening Programme**

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

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

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

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

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

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| --- |
| **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)**  |

|  |
| --- |
| **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 March 2025