**PROFORMA FOR NEWLY DIAGNOSED OR NEW TO PRACTICE PATIENTS TO BE ENTERED ONTO THE DIABETES REGISTER IN ORDER TO FACILITATE DIABETES EYE SCREENING**

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| --- | --- | --- | --- |
| GP Name: |  | Practice Code: |  |

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| --- |
| Address: |

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name: |  | DOB: |  |

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| --- | --- | --- | --- |
| NHS Number: |  | Spoken Languages: |  |

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| --- |
| Address:  Tel Number: |
| Does the patient suffer any physical disabilities mental health conditions or learning difficulties: If so what are they? |

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| --- | --- | --- | --- |
| Newly diagnosed: | YES/NO | New to Practice: | YES/NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Diagnosis: |  | Date of last screening: |  |

|  |  |
| --- | --- |
| Criteria for Diagnosis: | HbA1c / GTT / X2 Fasting Glucose / Other Reasons |

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| --- | --- | --- | --- |
| Place of Last Screening: |  | Any Special requirements: |  |

|  |  |
| --- | --- |
| Type of Diabetes: | Type 1/Type 2/Secondary/MODY |

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| --- |
| Diabetic treatment please fill in correct option and fill in correct doses where applicable: |

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| --- | --- | --- | --- |
| Diet: |  | Insulin: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tablets: |  | Insulin and Tablets: |  |

Please return this proforma to: Diabetes and Endocrine Centre, Doncaster Royal Infirmary Or Fax to 738993 for more information ring 01302 642597/642596/642598