**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: |   |

|  |
| --- |
| Address:  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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? |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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