



Lincolnshire Diabetes Eye Screening Programme

Pilgrim Hospital, Sibsey Road, Boston, Lincolnshire PE21 9QS

Email : ulh-tr.DESP@nhs.net

Referral form

NHS NO: _____

Date of Birth: _____

Title: _____

Surname: _____

Forenames: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile No: _____

Ethnicity: _____

Language: _____

Is the patient a wheelchair user? Y / N

Does the patient have learning disabilities? Y / N

Large print information required? Y / N

Date of diagnosis: _____

GP Practice: _____

Practice Code: _____