

Follow-up No.

**BSR Biologics Register**

Patient ID

## PATIENT-HELD DIARY

**Time period:**

**To:**



**Please record any NEW HOSPITAL CONSULTANT REFERRALS you have (e.g. if you are referred to the eye department for a cataract). Do not include referrals to physiotherapy, hearing aid clinics or X-ray.**

Name of Hospital	Name of Consultant	Date of first appointment	Reason for referral

**Your signature:**

**Today's date:**

