

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:

