

Follow-up No.

**BSR Biologics Register**

Patient ID

**PATIENT-HELD DIARY**

<b>Time period:</b> <input style="width: 90%;" type="text"/>	<b>To:</b> <input style="width: 90%;" type="text"/>
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**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:**

