

**Self Referral Form**

Please complete all sections. Please note that we cannot process the referral if the section in **bold** are not completed.

**Clients Details**

**Title:**

**First Name:**

**Surname:**

Preferred to be known as:

**Address Line 1:**

**Address Line 2:**

**Address Line 3:**

**Town:**

**County:**

**Postcode:**

**Landline Phone No:**

**Mobile Phone No:**

Best time to call:

Additional No (Please specify who this is for):

Email address (Must be completed if preferred format is email:

**Preferred Format to receive Information** (Please mark X next to chosen format)

* Audio CD
* Braille
* Email
* Large Print (Specify size)
* Telephone Only as cannot access other formats

**Date of Birth:**

**Gender:**

**Ethnicity:**

**Main Language if not English:**

**Employment Status:**

**Sight and Medical**

**Registration Status**:

* Sight Impaired / Partially Sighted
* Severely Sight Impaired / Blind
* Not Registered
* Not Yet Obtained / Awaiting Confirmation

**Eye Conditions:**

* Diabetic Retinopathy/Maculopathy
* Glaucoma
* Macular Degeneration – Wet / Dry
* Neurological (Stroke)
* Nystagmus
* Retinal Detachment
* Retinitis Pigmentosa (RP)
* Other (please specify):

Hospital Attending:

Guide Dog User (Guide Dog Name):

**Additional Health & Communications Issues: (Dementia, Hearing Loss, etc)**

**GP Details (including address, postcode and telephone number)**

**Safeguarding (Any known areas of risk for staff/volunteers):**

**Next of Kin Details**

**Name:**

**Phone Number:**

**Email:**

**Relationship to client:**

**First Point of Contact:**

Please complete the GDPR sections.

**GDPR Permissions – Please respond with YES or NO**

* **Store your information on our database**
* **Send you general information on our work**
* **Can we contact you be telephone?**
* **Can we contact you by email?**
* **Can we contact you in writing?**

**Notes**: Please provide us with further information on the support required or any other information you feel is important.

Please return your completed forms to **referrals@mysightnotts.org.uk**