**Mr Mostafa Elgohary**

Consultant Ophthalmologist & Vitreoretinal Surgeon

|  |  |
| --- | --- |
| Date |  |
| Surname |  |
| Forename |  |
| Date of birth |  |
| Home address |  |
| Post code |  |
| Country |  |
| UK address |  |
| Post code |  |
| Nationality |  |
| Ethnicity |  |
| Primary telephone number |  |
| Alternative telephone number |  |
| Email address |  |
| Occupation |  |
| Emergency Contact number |  |
| Next of kin name |  |
| Next of kin address |  |
| Relation to patient |  |
| Have you attended this clinic before? | Yes/No |
| Preferred language (if not English)? |  |
| Referring doctor |  |
| GP practice name |  |
| GP name |  |
| GP address |  |
| GP post code |  |
| Main problem |  |
| How long have you had the problem? |  |
| Payor information | * Self funding * Insurance * Embassy * Sponsor (please include sponsors name and address and telephone number): |
| Insurance company |  |
| Membership number |  |
| Authorisation number |  |
| Scheme or plan name |  |
| Scale of cover (if applicable) |  |
| Declaration |  |
| Signature |  |
| Print name |  |