

Healthy Eyes/Healthy People

Diabetes Eye Exam Report

Your patient with diabetes was seen for their dilated fundus exam. The results are as follows. Please ensure that this information is reported to the diabetes tracking agency.

PATIENT NAME: _____

DOB: _____ EXAM DATE: _____

TO (primary care): _____

FROM (eyecare): _____

Diabetes History

<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	Current Diabetes Therapy:	Patient Reports:
<input type="checkbox"/> Gestational		<input type="checkbox"/> Insulin	<input type="checkbox"/> Good Control
<input type="checkbox"/> Impaired Glucose Tolerance		<input type="checkbox"/> Oral Hypoglycemics	<input type="checkbox"/> Fair Control
Duration (in years): _____		<input type="checkbox"/> Diet Control	<input type="checkbox"/> Poor Control A1C _____

EXAM FINDINGS:

Presenting Symptoms: _____

GENERAL

Stable Changed Unk
 Cataract
 Rubeosis
 Arteriolar Sclerosis
 Hypertensive Retinopathy
 Vein Occlusion
 Artery Occlusion
 Glaucoma

FUNDUS

Stable Changed Unk
 No diabetic retinopathy
 Mild Nonproliferative
 Moderate Nonproliferative
 Severe Nonproliferative
 Proliferative
 Diabetic Macular Edema
 Previous Laser Therapy

Treatment

Recommended:

Continue Current Diabetes Care
 Referred for Diabetes Care
 Recommend Tighter Control
 Referred to Retinal Specialist

Additional Testing

FBS
 Blood Cholesterol
 A1C
 Lipid Profile

Management: (RTC)

Return to Clinic: _____ Months

ADDITIONAL COMMENTS

Comments to the Patient