

# REPORT OF DIABETIC EYE HEALTH

## Primary Care Physician Information

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone / Fax: \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

## Optometrist Information

Optometrist Name: \_\_\_\_\_

Phone / Fax: \_\_\_\_\_

### DIABETIC EYE HEALTH EVALUATION FINDINGS

No diabetic eye disease is found in either eye.

Date of Eye Exam: \_\_\_\_\_

**OR**

EYE ABNORMALITIES DETECTED, AS FOLLOWS:

Non-Proliferative (Background) changes noted in:

Right ( *Grade* ) **N/A, Mild, Moderate, Severe**

Clinically significant diabetic macular edema? **YES NO**

Left ( *Grade* ) **N/A, Mild, Moderate, Severe**

Clinically significant diabetic macular edema? **YES NO**

Proliferative changes noted in:

Right ( *Grade* ) **N/A, Active, Regressed/Stable**

Left ( *Grade* ) **N/A, Active, Regressed/Stable**

Diabetic Cataract or prematurely developed Cataract detected, **OD, OS, both**

Cranial Nerve Neuropathy detected, **OD, OS, both**

### GLAUCOMA FINDINGS

Glaucoma NOT detected,  Glaucoma Suspect, **OD, OS, both**,  Glaucoma being treated, **OD, OS, both**

### FOLLOW UP

Routine follow-up exam is recommended in my office in one year.

Follow-up of abnormalities in my office is recommended in \_\_\_\_\_ (timeframe)

Referral to Dr. \_\_\_\_\_ is recommended in \_\_\_\_\_ (timeframe)

Reason for referral: \_\_\_\_\_

Sincerely,

\_\_\_\_\_, O.D.