

Diabetes eye report

Report to _____

Referred by _____

Referring practice _____

Practice phone number _____

Practice email address _____

Patient name _____

Date of birth _____ / _____ / _____

Address _____

This patient with diabetes was examined on _____ for ocular health assessment.

Aided vision (VA) RE _____ LE _____

Intraocular pressures within normal limits outside normal limits RE _____ LE _____

Dilated examination

Retinal photographs taken

OCT taken

No retinopathy

Non-proliferative diabetic retinopathy → Mild Moderate Severe

Proliferative diabetic retinopathy

Diabetic macular edema Absent Present

Next review scheduled for: _____

Referred to Ophthalmologist No

Yes If Yes, Ophthalmologist: _____

Comments
