

Diabetes Eye Exam Report

The Nebraska Diabetes Guidelines Task Force recommended including a suggested Diabetes Eye Exam Report in the annual guidelines mailing. Several formats were considered and all have merits but the enclosed form was selected as an example for health care professionals to consider for their patients with diabetes.



As with all of our flow sheets and health care forms, this may be altered to fit your individual program and copied as needed.

Additional copies can be requested from the Diabetes Prevention and Control Program, PO Box 95026, Lincoln, NE 68509, phone: 1-800-745-9311 or e-mail to dhhs.diabetes@nebraska.gov

It is suggested that the primary care physician give this form to patient to take with them when they receive their annual dilated eye exam. The examining ophthalmologist or optometrist would complete the form and send or fax it to the patient's primary care physician.

This is part of the Task Force's effort to ensure that people with diabetes receive complete, consistent care for their diabetes that meets the minimum ADA guidelines. Your consideration of using this form, as well as the other enclosed suggested forms, will aid in our efforts to improve the standards of care in Nebraska for all people with diabetes.

Important background rationale to consider:

- Diabetic retinopathy is the most frequent cause of new cases of blindness among adults aged 20-74 years.*
- The longer a person has diabetes, the more likely they are to develop diabetic retinopathy, particularly if the diabetes is poorly controlled.
- Knowledge of the presence of retinopathy is a useful tool for the primary care physician in the overall management of diabetes.

The American Diabetes Association recommends a dilated retinal eye examination as an annual standard of care for persons with diabetes:*

- Under age 10: Based on clinical judgment
- Type 1: Within five years of diagnosis
- Type 2: At time of diagnosis of diabetes; annually thereafter.
- In known pregnancy, dilated eye exam every trimester.

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Diabetes Eye Exam Report

To: _____	Clinic/Office: _____	
Address: _____	Phone: _____	Fax: _____

Patient Name: _____ DOB: _____
 Visual Acuity: _____ R _____ L Intraocular Pressure _____ R _____ L

Retinal Examination Findings:
_____ No retinopathy or past retinopathy and should be examined in one year.
_____ Needs no laser now, but should return in _____ months because of risk of developing diabetic macular edema (DME) or high risk of proliferative diabetic retinopathy (PDR)
_____ Diabetic macular edema requiring focal laser photocoagulation
_____ High risk proliferative diabetic retinopathy or iris neovascularization requiring panretinal photocoagulation
_____ Tractional retinal detachment or vitreous hemorrhage requiring vitrectomy
Other Ocular Conditions:
_____ Not applicable
Cataracts:
_____ Does interfere with activities of daily living
_____ Does not interfere with activities of daily living
_____ Not applicable
Glaucoma:
_____ Controlled
_____ Sub-optimally controlled
_____ Not applicable

Plan of Treatment:	Follow-up _____ weeks/months
_____ Refer to Retina Specialist OR:	
(check appropriate treatment plan)	(Circle right eye "R" or left eye "L" or both)
_____ Fluorescein angiogram	R L B
_____ Panretinal laser photocoagulation	R L B
_____ Focal laser photocoagulation	R L B
_____ Vitrectomy	R L B
_____ Cataract Surgery	R L B
_____ Other:	
Eye Care Provider (M.D. or O.D.)	
Print Name: _____	Signature: _____ Date: _____
Clinic/Office Name: _____	Phone: _____ Fax: _____

I give permission to release this information to my Physician:

Patient Signature _____