

Retinopathy Assessment and Treatment for Patients with Diabetes¹

Please provide results to all providers listed following all visits

Patient's Name _____ Date of Referral for Assessment _____

Diabetes Dx: Type 1 _____ years Type 2 _____ years GDM Current A1c: _____

Current Medication List Attached

	Name	Contact Info	Fax
Referring Physician			
Optometrist			
Ophthalmologist			
Retina Specialist			

Retinal Assessment

Date of Assessment:		Conducted by:		Signature:	
<input type="checkbox"/>	No diabetic retinopathy				
<input type="checkbox"/>	Non-Proliferative Diabetic Retinopathy (NPDR) RIGHT EYE <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe		<input type="checkbox"/>	Non-Proliferative Diabetic Retinopathy (NPDR) LEFT EYE <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/>	Proliferative Diabetic Retinopathy (PDR) <input type="checkbox"/> RIGHT EYE <input type="checkbox"/> LEFT EYE		<input type="checkbox"/>	Clinically Significant Macular Edema (CSME) <input type="checkbox"/> RIGHT EYE <input type="checkbox"/> LEFT EYE	
<input type="checkbox"/>	Vitreous Haemorrhage		<input type="checkbox"/>	Other	
Other findings on exam:					
Visual Acuity: Right Eye: <u> 20 </u> / <u> </u> Left Eye: <u> 20 </u> / <u> </u>					

Plan

<input type="checkbox"/>	No treatment, return in 1 year for comprehensive dilated eye exam
<input type="checkbox"/>	No treatment, return in _____ months for comprehensive dilated eye exam
<input type="checkbox"/>	Will refer to Ophthalmologist for further assessment / treatment Name Dr.
<input type="checkbox"/>	Will refer to retina specialist for assessment / treatment Name Dr.
<input type="checkbox"/>	Will provide treatment:

Treatment

Date of Treatment:		Conducted by:		Signature:	
<input type="checkbox"/>	Intravitreal injection of anti-VEGF / steroid		<input type="checkbox"/>	Pan-retinal laser photocoagulation	
<input type="checkbox"/>	Focal grid laser treatment		<input type="checkbox"/>	Vitreotomy	
<input type="checkbox"/>	Other:				

Follow up

<input type="checkbox"/>	Will arrange follow up in this office in:
<input type="checkbox"/>	Patient is to arrange follow up with their primary eye-care provider in:

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¹ This form was developed by: **The working group on retinopathy assessment for patients with diabetes**, led by the Office of CME, Faculty of Medicine, University of Ottawa and the **Eye Health Council of Ontario**. For more information contact CME@toh.on.ca