MEDICAL EYE SERVICES, INC.

Sample Diabetic Eye Evaluation Form Description:

Sample primary care physician communication form to be used as a reference for eye care providers who have assessed Diabetic patients. A form like this should be used to report the provider's findings to the patient's primary care physician in accordance with Coordination of Care standards.

Diabetic Eye Evaluation

Patient Information

Date: ___________________________________

Patient Name: ___________________________ DOB: ____

Provider Name: __________________________ Provider Phone: _______________________________

I am reporting the results of my examination of this patient who was present in my office on this date for a Comprehensive Eye Examination and Diabetic Retinal Evaluation.

Dilated Fundus Examination revealed: ____

____

Slit Lamp External Evaluation revealed: ____

____

Best Corrected Visual Acuity: R) 20/ L) 20/

Findings

☐ Diabetes without Diabetic Retinopathy

☐ Non-proliferative Diabetic Retinopathy ☐ Left ☐ Right Stage: 1 2 3 4 (explanation above)

☐ Clinically significant Macular Edema ☐ Left ☐ Right

☐ Proliferative changes detected, as follows:

Neovascularization ☐ Left ☐ Right

Pre-retinal hemorrhage ☐ Left ☐ Right

Vitreous hemorrhage ☐ Left ☐ Right

☐ Other conditions:

☐ High Cholesterol ☐ Hypertension ☐ Ocular surface disease

☐ Cataracts ☐ Elevated intra-ocular pressure ☐ AMD

☐ Corneal dystrophies ☐ Glaucoma ☐ Other: _________________

Plan

☐ Patient needs an Annual Eye Examination

☐ Patient needs follow-up in ____

☐ Patient was referred to Ophthalmologist ____

☐ Patient was referred to Retina Specialist ____

☐ Patient requires referral to Ophthalmologist or Retina Specialist

Of YOUR choice or group. ☐ STAT ☐ Urgent ☐ General

☐ Patient advised that YOUR office will be calling with referral information

☐ Other ____

Please contact us if you have any further information that may be of any help or any concerns.

___________________________________ Date ______________________________

[Signature of Provider]

Sent via: ☐ Fax ☐ Mail ☐ Sent with Patient ☐ Email