



Eye Care Provider: _____

Address: _____

Phone/Fax: _____

Date: _____

Diabetic or Glaucoma Eye Examination Report

Red Alert Green Alert

Patient Information
Name:
Address:
Phone:
DOB:
Plan Information:

Primary Care Physician
Name:
Clinic /Address:
Phone:
Fax:

Patient/caregiver's ability to manage diabetes symptoms: Poor Below Average Average Above Average Excellent

Does the patient test their blood glucose daily? Yes No

Does the patient know his/her numbers (e.g., A1C)? Yes No

Does the patient know his/her blood pressure /cholesterol? Yes No

This patient received a dilated eye examination on _____ with the following results:
(Date)

- Diabetic retinopathy not detected
- Diabetic retinopathy detected. Requires monitoring. No treatment indicated.
- Diabetic retinopathy detected. Requires further testing and/or treatment
- Glaucoma not detected
- Glaucoma Suspect. Requires further evaluation and/or testing
- Glaucoma. Under Management.

- Cataract not detected - continue to monitor
- Cataract detected - early stage - surgery not recommended at this time - continue to monitor
- Cataract detected - patient elects to proceed with surgery
- Cataract detected - patient elects to hold off on surgery at this time

Do these results indicate a newly developed condition? Yes No

If no, have these symptoms progressed since the last visit? Yes No

Patient should follow up with: Primary Care Optometrist/Ophthalmologist Other
If Other _____

Suggest patient be reevaluated within: 3 Months 6 Months 1 Year Other
If Other _____

Comments: _____

