

# Diabetic Eye Examination and Glaucoma Screening Report

Outcome Report/Request for Co-Managing Health Care Professional

Please fax primary care provider (PCP) and UPMC Health Plan:

PCP: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

UPMC Health Plan Fax: 412-454-6240

## Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Type: \_\_\_\_\_ Member ID: \_\_\_\_\_

## Diabetes Information:

Diabetes mellitus:  Type 1 DM  Type 2 DM  Pre-Diabetes  Gestational

Duration of Diabetes (years): \_\_\_\_ Current Diabetes Therapy:  Insulin  Oral hypoglycemic  Diet control  None

Results of last finger-stick blood glucose reading (per patient): \_\_\_\_\_  N/A HbA1c: \_\_\_\_\_  Unknown

Under control? (Per patient)  Yes  No

Current Medications (ocular and systemic):

## Exam Findings:

Date of Exam: \_\_\_\_\_

Visual Acuity (best corrected) OD: \_\_\_\_\_ OS: \_\_\_\_\_

Dilated fundus exam performed

Diagnosis:

No diabetic retinopathy  OD  OS

Non-proliferative diabetic retinopathy

Mild  OD  OS

Moderate  OD  OS

Severe  OD  OS

Proliferative diabetic retinopathy  OD  OS

Clinically significant macular edema  OD  OS

## Additional Ocular Findings:

## Additional Comments:

Intraocular Pressure OD: \_\_\_\_ mmHG OS: \_\_\_\_ mmhg @AM/PM

Plan:  Monitor Only OR  Additional Treatment Recommended:

## Management:

Follow-up: \_\_\_\_ Months  Referral to: \_\_\_\_\_ For: \_\_\_\_\_

Amsler grid given

Patient education/discussion

Informational pamphlet given

Other: \_\_\_\_\_

Eye care specialist: \_\_\_\_\_ (MD/OD/DO)

Doctor's signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_