

Diabetes Eye Exam

Patient's name:	
Date of birth:	
Date of exam:	
Examiner:	
Type of diabetes	
Type 1	
Type 2	
Duration:	
Current diabetes therapy	
Test results	
Aided visual acuity:	
OD:	OS:
Cataracts:	
OD:	OS:
Intraocular pressure:	
OD:	OS:
Fundoscopy:	
OD: No diabetic retinopathy	
OS: No diabetic retinopathy	
Non-proliferative diabetic retinopathy:	
Oculus dexter (OD)	Oculus sinister (OS)
Mild	Mild
Moderate	Moderate
Severe	Severe
Proliferative diabetic retinopathy:	
Oculus dexter (OD)	Oculus sinister (OS)

Additional notes

Reference

Canadian Association of Optometrists. (n.d.). *Diabetes eye examination report form*.
https://opto.ca/sites/default/files/resources/documents/diabetes_eye_exam_form_en_final_dec_2017.pdf