

# Diabetes Eye Exam

Patient's name:	
Date of birth:	
Date of exam:	
Examiner:	
<b>Type of diabetes</b>	
Type 1	
Type 2	
Duration:	
<b>Current diabetes therapy</b>	
<b>Test results</b>	
<b>Aided visual acuity:</b>	
OD:	OS:
<b>Cataracts:</b>	
OD:	OS:
<b>Intraocular pressure:</b>	
OD:	OS:
<b>Fundoscopy:</b>	
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](https://opto.ca/sites/default/files/resources/documents/diabetes_eye_exam_form_en_final_dec_2017.pdf)