

Diabetes Eye Exam Visit Summary

To: _____ **Fax:** _____
Patient: _____ **DOB:** _____ **MRN:** _____
Date of Exam: _____ **Last Eye Exam:** months/years ago

Pertinent Diabetes History:

Prediabetes Type 1 diabetes Type 2 diabetes Other (please specify):
 Last reported A1C: _____ % CGM use: Yes No Time in range (glucose 70–180 mg/dL): _____ %
 Diabetes-related medications:

Chief Complaint:

Allergies:

Diagnosis:

Exam Findings: Cataract Dry eye Glaucoma/Suspected glaucoma

Dilated Retinal Exam Findings:

N/A	Diabetic retinopathy:	Nonproliferative	Mild
		Proliferative	Moderate
		Diabetic macular edema	Severe
		None by Spectral	
		Domain-OCT	

Best Corrected Vision: OD: _____ OS: _____

Other Findings:

Impression:

Education:

I discussed the following with the patient:

- Importance of individually optimized metabolic control
- Effect of blood glucose and blood pressure on the incidence of micro and macrovascular complications of diabetes
- Prevention or delay of type 2 diabetes per DPP findings
- Anti-VEGF treatment options
- How laser photocoagulation or aspirin therapy can reduce the risk of vision loss or slow the progression of DR
- Existence of protective factor to prevent the development of severe complications
- Effects of oral supplementation on the risk of age-related macular edema
- Importance of improving vision function, C-reactive protein levels, and peripheral neuropathy
- Other:

Follow-up Plan:

Sincerely,

Clinician Name:

Practice Name: