

# Diabetes Eye Exam

## DIABETES EYE EXAM

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ dd / mm / yyyy

Examiner: \_\_\_\_\_

Type of diabetes

Type 1    Type 2

Duration: \_\_\_\_\_

Current diabetes therapy

Aided visual acuity - OD: \_\_\_\_\_

Aided visual acuity - OS: \_\_\_\_\_

Cataracts - OD: \_\_\_\_\_

Cataracts - OS: \_\_\_\_\_

Intraocular pressure - OD: \_\_\_\_\_

Intraocular pressure - OS: \_\_\_\_\_

Fundoscopy

- OD: No diabetic retinopathy
- OS: No diabetic retinopathy
- Non-proliferative diabetic retinopathy (specify below)
- Proliferative diabetic retinopathy (specify below)

Non-proliferative diabetic retinopathy - OD:

Mild    Moderate    Severe

Non-proliferative diabetic retinopathy - OS:

Mild    Moderate    Severe

Proliferative diabetic retinopathy

OD    OS

Additional notes