



AOA Diabetes Eye Examination Report

(www.aoa.org)

From: _____

To: _____

(Write in or apply company stamp)

Date examined: _____

Patient Information:

Name: _____ DOB: _____

Diabetes mellitus: Type 1 Type 2 Gestational Prediabetes HbA1C: _____ < 6 months ≥ 6 months Unknown

Duration of Diabetes (in years): _____ Current Diabetes Therapy: Insulin Oral Hypoglycemic Diet Control Other Injectable Therapies None

Results of Last Finger-stick blood glucose reading (per patient): _____ N/A Patient reports under control Yes No

Current Medications (ocular and systemic): _____

Exam Findings:

Visual Acuity (best corrected) OD: _____ OS: _____

Intraocular Pressure OD: within normal limits outside normal limits OS: within normal limits outside normal limits

Dilated Fundus Exam Performed

Diagnosis: **No Diabetic Retinopathy** OD OS

Non-Proliferative Diabetic Retinopathy OD OS

Mild OD OS

Moderate OD OS

Severe OD OS

Proliferative Diabetic Retinopathy OD OS

Clinically Significant Macular Edema OD OS

Plan:

Monitor Only

-or-

Additional Testing/Treatment Recommended:

Additional Ocular Findings:

Additional Comments:

Management:

Follow-up: _____ months Referral To: _____ For: _____

Home central vision test (Amsler) given

Patient ed./discussion

Info. Pamphlet given

Other _____ Doctor's Signature _____