



American Optometric Association

Healthy Eyes
Healthy People

AOA Diabetic Eye Examination Report

(www.aoa.org)

From:

To:

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 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 > normal OS: within normal limits > normal

Dilated Fundus Exam Performed

Diagnosis:

- No Diabetic Retinopathy OD OS
- Non-Proliferative Diabetic Retinopathy
 - 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 _____

