

Eye Examination in Diabetic Patient

Patient's name _____ Date of Birth _____

GRMG MD _____ Date pt. seen _____

Findings:

No diabetic retinopathy Other comments _____

Non-proliferative _____

Mild _____

Moderate _____

Severe _____

Proliferative _____

Mild _____

Moderate _____

Severe _____

Regressed (post laser Rx) _____

Fundi could not be accurately assessed
Reason _____

cataracts _____

other _____

Return visit in One year Other _____

Signature of examining health professional _____

Eye examination in Diabetic patient

Grand River Medical Group
1515 Delhi Street, Suite #100
Dubuque, IA 52001