

Diabetes: *Eye exam fax-back form*

If you have diabetes, you have a higher risk of certain eye problems. Some of these problems can be serious. Keeping your eyes healthy can delay or prevent serious eye problems. Both your primary care doctor and an eye specialist can help. **Your role is to schedule an eye exam, take this form to your appointment, and have the eye specialist complete it and fax it back to your primary care doctor.**

Why do I need an eye exam?

If you have diabetes — even if your vision seems fine — you could be at risk for these problems:

- Retinopathy, an eye disease caused by damage to the small blood vessels at the back of the eye. Treating retinopathy early can prevent blindness.
- Cataracts, or cloudiness on the lens of the eye.
- Glaucoma, or increased pressure in the eye.

Where do I go?

There are two types of eye specialist you could see:

- An **optometrist** specializes in prescriptions for eye glasses, and can also diagnose some eye diseases.
- An **ophthalmologist** specializes in diseases of the eye.

How often do I need an eye exam?

Most people have an eye exam every one to two years — your doctor will tell you exactly. (Many insurance plans will pay for an eye exam once a year.)

The eye specialist or your doctor will compare the health of your eyes from year to year and look for changes.

If you notice changes in your vision, talk with your doctor right away. Your doctor may want you to have an eye exam at that time. Signs your vision has changed can include:

- Floating spots
- Blurred vision
- Double vision

Normal vision



Clouded vision



Vision with retinopathy (some people with retinopathy see clearly)



What happens during the exam?

It's easy. The eye specialist will put drops in your eyes. You'll look into a machine and the eye specialist will take pictures of the backs of your eyes.

What else can I do to protect my eyes?

- Be careful to control your blood sugar, cholesterol, and blood pressure
- Stop smoking

Eye Exam Fax-Back Report

Patient name: _____ Date of birth: _____

Primary care physician name and contact information

Name: _____

Fax number: ____-____-____

To be completed by eye specialist:

After completing this form, please fax a copy to the patient's primary physician at the number above.

Date of examination: ____-____-____

Eye exam findings

- Normal
- Abnormal. If abnormal, specify one of the following:
 - Retinopathy
 - Cataracts
 - Glaucoma
 - Macular degeneration
 - Unknown

Eye specialist (Name and contact information)

Additional findings or treatment (Please describe in plain language for the patient)



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