Humboldt IPA Diabetes Eye Exam Referral and Report

REFERRAL INFORMATION

Referred By:_____ Fax #:_____

Referred To:_____ Fax #:_____

Reason for Referral:_____

_____

Patient's Name:_____ Date of Birth:_____ Gender: M F

Home Phone:_____ Insurance:_____

Address:_____

REPORT (fax to Referring Clinician at above fax number and to Humboldt IPA for PECSYS registry at 443-2527)

☐ NO RETINOPATHY TREATMENT RECOMMENDED ☐ Recheck in 1 year	☐ Mild ☐ NON PROLIFERATIVE DIABETIC RETINOPATHY (NPDR) ☐ Microaneurysms ☐ Sparse Blot and Dot ☐ Lipid ☐ Clinically Sig. Macular Edema TREATMENT RECOMMENDED ☐ Ophthalmology Consult ☐ Angiogram ☐ Laser-Focal Grid ☐ Follow-up Appointment Status ☐ Stable ☐ Improving ☐ Worse	☐ Moderate ☐ Severe ☐ NON PROLIFERATIVE DIABETIC RETINOPATHY (NPDR) ☐ Clinically Sig. Macular Edema ☐ Nerve Fiber Layer Infarct (Cotton Wool Patch) ☐ Venous Abnormality (Beading) ☐ Intraretinal Microvascular Abnormality TREATMENT RECOMMENDED ☐ Ophthalmology Consult ☐ Flourescein Angiogram ☐ Laser-Focal/Pan Retinal Photocoagulation (PRP) ☐ Follow-up Appointment ☐ Retinal Consult Status ☐ Stable ☐ Improving ☐ Worse	☐ PROLIFERATIVE DIABETIC RETINOPATHY ☐ Neovascular Optic Nerve Head ☐ Neovascular Retinal Service ☐ Vitreous Hemorrhage ☐ Traction- Retinal Detachment TREATMENT RECOMMENDED ☐ Ophthalmology Consult ☐ Flourescein Angiogram ☐ Laser-Focal/Pan Retinal Photocoagulation (PRP) ☐ Vitrectomy ☐ Retinal Detachment Surgery ☐ Endoscopic Laser Status ☐ Stable ☐ Improving ☐ Worse

Follow-up Recommended Return: ____Days ____Month(s)____Year(s) Alert Risk: ☐ Minimal ☐ Moderate ☐ High

Clinician's Name_____ Signature: _____ Date: _____

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