

FAX all referrals to 613-774-7235, toll free: 1-833-384-9993

Dear Primary Care Provider,

Diabetic retinopathy is a complication of diabetes and a common cause of blindness, but it is highly preventable through annual retinal screenings. Diabetic retinopathy screening for people with diabetes is one of the most effective ways to reduce serious complications. Recent research shows that most Canadians with diabetes have not attended screening and there are even lower screening rates in immigrants and newcomers to Canada. Screening is a harmless procedure that enables the early detection of any retinopathy changes in the eyes. For example, in South Riverdale Toronto, about 25% of patients screened had diabetic retinopathy and 40% had sight-threatening disease or other eye pathology.

Diabetes Eye Screening Ottawa is excited to offer eye screening at no cost to patients, including those that are uninsured, if they meet the following criteria:

- Diagnosis of diabetes (Type 1, 2)
- Are referred by a physician or nurse practitioner
- Not had an eye exam that involves dilation of pupils within the past 12 months

There is support and materials available for patients who speak French and Mandarin

HOW IS THE SCREENING CONDUCTED?

When a patient attends the diabetes eye screening appointment, they will go through 3 steps:

1. The **vision** of the patient is measured using an eye chart. Patient must bring their glasses or contacts for the exam.
 2. A numbing eye drop is instilled in each eye and **intraocular pressure** (the pressure of the eyes) is measured. This is painless.
 3. Eye drops are given to dilate the pupils (for the best view of the retina) and a trained technician will take **photographs** of the retina.
- The images of the retina are then sent securely to a retina specialist, who reviews the images, provides a diagnosis, and recommendations on follow-up if required. This report will be faxed to the primary provider.
 - If requested by the primary provider, we can help to connect patients with Ophthalmologists/Optometrists in their community if a further follow up is needed.

Please fill out the attached referral form for the Diabetes Eye Screening for patients in your practice that might meet the criteria above.

WHERE IS THE SCREENING?

For further questions, please contact Diabetes Eye Screening Ottawa

Phone 613-233-4443 ext. 2169

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Diabetes Eye Screening Ottawa - Referral

Date: _____

Patient name: _____

Date of Birth: _____

Preferred language: _____

Gender: ☐ Male ☐ Female ☐ Trans (female to male) ☐ Trans (male to female)

☐ Intersex ☐ Two-Spirit. ☐ Please specify: _____

Health Card Number: _____ Version code (VC) _____

Phone #: _____ Address: _____

Health plan information: ☐ OHIP ☐ No insurance ☐ Other health plan (please specify): _____

Diabetes: ☐ Type 1 ☐ Type 2 ☐ Other (please specify): _____

Years since diagnosis of diabetes: _____ Insulin Use: ☐ Yes ☐ No

BP Value-Systolic: _____ Diastolic: _____ Date: _____

HbA1C value: _____ Date: _____

LDL Cholesterol Value: _____ Date: _____

Complications/ Co-morbidities (if available):

☐ Cardiovascular Disease ☐ Kidney Disease ☐ Hypertension ☐ Neuropathy

☐ Nephropathy ☐ Dyslipidemia ☐ Other (specify): _____

Any known ocular diseases? (if available):

☐ Cataract ☐ Glaucoma ☐ Age Related Macular Degeneration ☐ Other (specify): _____

Diabetes Medications: _____ ☐ Other (specify): _____

Ever had eye exam for retinopathy? ☐ Yes ☐ No ☐ Not Known

Date of last dilated eye examination: _____ ☐ Date Not Known

Optometrist/Ophthalmologist Name (if available): _____

☐ **Please check here if you would like us to book follow-up care with a retina specialist or ophthalmologist if signs of retinopathy are detected requiring specialist follow-up.**

Referring Physician/ Nurse Practitioner Name: _____

Signature: _____ Billing #: _____

Referring Provider phone #: _____ Fax #: _____

Diabetes Educator Name (If applicable): _____