

Ophthalmology Consultation Report

Date: [Insert Date]

Referring Physician: Dr. [Referring Physician's Name]

Patient Name: [Patient's Name]

Patient ID: [Patient ID]

Date of Birth: [Patient's DOB]

Reason for Consultation:

The patient has been referred for evaluation and management of diabetic retinopathy.

Clinical History:

The patient has a history of diabetes mellitus since [Year] and has been under [Medication/Insulin Therapy]. The recent [Labs/Exams] indicate [any relevant findings]. The patient reports [specific symptoms, if any].

Ocular Examination:

Visual Acuity: [Insert Visual Acuity]

Intraocular Pressure: [Insert IOP]

Fundus Examination Findings: [Describe findings including presence of microaneurysms, hemorrhages, exudates, etc.]

Assessment:

The patient presents with [insert level of diabetic retinopathy - e.g., "Non-Proliferative Diabetic Retinopathy (NPDR) with mild/moderate/severe changes"]

Recommendations:

- Follow-up examination in [insert time frame].
- Consider referral for [insert any additional referrals or treatments, e.g., retinal specialist, laser therapy].
- Encourage the patient to maintain [insert recommendations related to diabetes management].

Signature:

Dr. [Ophthalmologist's Name]

[Ophthalmologist's Credentials]

[Ophthalmologist's Contact Information]