Queensland Government
Queensland Health

Metro South Health Service District

Indigenous Health Diabetic Retinopathy Screening Reporting

Community Health

UR Number	
Surname	
Other Names	
DOB	
Sex	

An * indicates a mandatory field.

Duration of Disease:	yrs		
HbA1C:	%		
BP:	/		
Visual Acuity:	L 6 / R 6 /		
1. Adequate photograph for interpreting?	**Left Eye:**	○ Yes ○ No ◉ Missing	
	Right Eye:	○ Yes ○ No ◉ Missing	
2. Appearance of Fundi?		**Left Eye**	**Right Eye**
	No NDPR	☐ 0	☐ 0
	Mild NDPR	☐ 1	☐ 1
	Moderate NDPR	☐ 2	☐ 2
	Severe NDPR	☐ 3	☐ 3
	PDR	☐ 4	☐ 4
	Other Pathology	**Left Eye**	○ Yes ○ No ◉ Missing
		Right Eye	○ Yes ○ No ◉ Missing
	Diagnosis	**Left Eye**	
		Right Eye	
3. Presence of Diabetic Maculopathy	**Left Eye**	○ Yes ○ No ◉ Missing	
	Right Eye	○ Yes ○ No ◉ Missing	
4. Management Plan		**Left Eye**	**Right Eye**
	No action - review 1-2 years	☐ 0	☐ 0
	Routine referral to opthalmologist	☐ 1	☐ 1
	Urgent referral to opthalmologist	☐ 2	☐ 2
	Direct contact with opthalmologist	☐ 3	☐ 3
	Inadequate vew - repeat photography	☐ 4	☐ 4

Sign Off

☐ **Completed?** (Select this only when Health Check is complete)

User Name

Save

Health Check Completed by:

Signed:

Date: