



Diabetes Eye Screening Program
South Riverdale Community Health Centre
955 Queen Street East, Toronto, ON., M4M 3P3
Phone: 416-461-2493
FAX all referrals to (416) 461-8245

Dear Provider,

Diabetic retinopathy (DR), a complication of diabetes, is highly preventable through annual retinal screenings. If detected and treated in timely manner blindness can be prevented in up to 90% of those affected with DR.

Approximately one-third of Ontarians with diabetes do not receive retinal screening.

The Diabetes Eye Screening Program – Teleophthalmology – 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 or gestational)
- Referral from a physician or nurse practitioner
- Has not had an eye exam that involves dilation of pupils within the past year

Diabetes Eye Screening Program is available across Toronto at:

South Riverdale CHC	Scarborough Academic Family Health Team (2 locations)
Flemingdon Health Centre	Unison Health & Community Services (2 locations)
Parkdale CHC	LAMP CHC (2 locations)
Anishnawbe Health Toronto	Women's College Hospital Family Practice Health Centre
Mon Sheong Home For The Aged	St Michael's Hospital Academic Family Health Team

The diabetes eye screening is done in 3 steps from the patient's perspective:

1. Patient's **current vision** is measured using an eye chart. Patient must bring their glasses or contacts for the exam.
 2. A numbing eye drop is given in each eye and **intraocular pressure** is measured. This is painless.
 3. Eye drops are given to dilate the pupils (for the best view of the retina) and a technician will **take photographs** of the retina.
- The images are 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.
 - We can help to connect patients with Ophthalmologists/Optometrists in their community for further follow up.

Please fill out the attached referral form for the Diabetes Eye Screening Program.

If you have further questions, please contact our Nurses (416) 461-2493 ext.2276 or visit www.eyescreening.ca

This program is hosted by South Riverdale CHC, funded by the Toronto Central LHIN, and in collaboration with Dr. Michael Brent (MD FRCS) and University Health Network.



Please FAX all referrals to 416-461-8245

For all inquiries regarding this program please
contact: Phone: 416-461-2493 ext 2276

Diabetes Eye Screening Program - Referral for Retinal Screening Date: _____

Patient Name: _____

Date of Birth: _____ HCN #: _____ VC _____

Phone #: _____ Address: _____

Diabetes: Type 1 Type 2 Gestational Years since diagnosis: _____

BP Value: _____ Date: _____

A1C value: _____ Date: _____

LDL Cholesterol Value: _____ Date: _____

Please check here if you would like us to book follow-up care with a retina specialist or ophthalmologist if required.

Complications (If available):

- | | | | |
|---|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> HTN | <input type="checkbox"/> Neuropathy |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Insulin | |

Medications: _____

Date of last documented eye examination: _____

Optometrist/Ophthalmologist Name (if available): _____

Referring Physician/ Nurse Practitioner Name: _____

Signature: _____ Billing #: _____

Referring Provider phone #: _____ Fax #: _____

Diabetes Educator Name (If applicable): _____

This form may be photocopied or downloaded from www.eyescreening.ca.
Referrals can be made securely online via Toronto Diabetes Care Connect, www.torontodiabetesreferral.com