

South Manchester Diabetic Retinopathy Screening Report – Domiciliary Screening

Practice Name: Date of Screening:

Name of Practitioner:

Patient Surname: Forename:

Date of Birth: Date of diagnosis: Last Screening:

Address:

Post Code:

GP Name: GP Surgery:

Confirm Operational consent to screening: Y / N Research Consent: Y / N

Reg: CSVI (Reg Blind) / CVI (Reg PS) By Diabetes: Y / N

RVA: LVA: By: PH / Specs / Unaided

Drops: Tropic 0.5% / 1.0% Batch: Exp: Time:

Screen by: Camera / SLBIO / Direct Quality: Good / Adequate / Inadequate

Are the images on your own practice system: Y / N ?

	R		L		R		L
R0	<input type="checkbox"/>	No Retinopathy	<input type="checkbox"/>	R3	<input type="checkbox"/>	NVD	<input type="checkbox"/>
R1	<input type="checkbox"/>	Small No haems/MAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NVE	<input type="checkbox"/>
	<input type="checkbox"/>	Ex. Outside arcades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-ret or vit haem	<input type="checkbox"/>
	<input type="checkbox"/>	1 or 2 CWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-retinal fib or TRD	<input type="checkbox"/>
R1.5	<input type="checkbox"/>	Moderate No haems	<input type="checkbox"/>	M0	<input type="checkbox"/>	None	<input type="checkbox"/>
	<input type="checkbox"/>	Isolated ex in arcades	<input type="checkbox"/>	M0.5	<input type="checkbox"/>	Circ.Ex. in arc, <1DDsize, >1DDfovea	<input type="checkbox"/>
	<input type="checkbox"/>	3 to 6 CWS	<input type="checkbox"/>	M1	<input type="checkbox"/>	Ex within 1DD of fovea	<input type="checkbox"/>
R2	<input type="checkbox"/>	Extensive haems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circ.Ex. in arc, >1DDsize, >1DDfovea	<input type="checkbox"/>
	<input type="checkbox"/>	Multiple deep round haems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haem cluster<1DD from fovea	<input type="checkbox"/>
	<input type="checkbox"/>	IRMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	haem<1DD fovea IF VA < 6/12	<input type="checkbox"/>
	<input type="checkbox"/>	> 6 CWS	<input type="checkbox"/>				

Photocoagulation: R Y / N ? L Y / N ?

Outcome: Annual rescreen
 Routine DR referral
 Urgent DR referral

Contractor Details:

The screening programme will refer any patients for whom you have ticked a referral for diabetic retinopathy. Any other pathology should be referred using a GOS18

Comments:

I have today performed a GOS domiciliary eye examination, a fundus examination using a mydriatic (unless clinically contra indicated), and have completed the screening report according to the SMDRS screening protocols. I wish to claim the Diabetic Retinopathy Screening fee.

Signature..... Date..... OL No

Ophthalmic / Supplementary list number :