



**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 a 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

Flemingdon Health Centre

Parkdale CHC

Anishnawbe Health Toronto

Scarborough Academic Family Health Team (2 locations)

Unison Health & Community Services (4 locations)

LAMP CHC (2 locations)

**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.276 or visit [www.eyescreening.ca](http://www.eyescreening.ca)



Please FAX all referrals to 416-461-8245

For all inquiries regarding this project please contact:  
Phone: 416-461-2493 ext 276

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):

- Cardiovascular Disease  Kidney Disease  HTN  Neuropathy  
 Cataracts  Glaucoma  Insulin

Medications: \_\_\_\_\_

Date of last documented eye examination: \_\_\_\_\_

Optometrist/Ophthalmologist Name (if available): \_\_\_\_\_

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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](http://www.eyescreening.ca), where referrals can also be securely submitted.

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

