



**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: \_\_\_\_\_

Complications (If available):

- Cardiovascular Disease  Kidney Disease  HTN  Neuropathy  
 Cataracts  Glaucoma  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](http://www.eyescreening.ca).  
Referrals can also be made securely online via Toronto Diabetes Care Connect.