

Diabetic eye check: early retinopathy found



Assume that today's date is 22 October 2026. You have just completed Mrs Bhatia's annual diabetic eye examination. You are an optometrist in a community optometry practice. Using the information in the case notes, write a letter to Mrs Bhatia's GP, Dr Suresh Trivedi, to update him on the findings of today's examination and your recommendations. Address the letter to Dr Suresh Trivedi, General Practitioner, 45 King Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O		I	C	O
Patient details				History today			
1. Name: Mrs Orla Bhatia	☐	☐	☐	19. Unsure of latest HbA1c result	☐	☐	☐
2. DOB: 14/03/1977 (49 yrs)	☐	☐	☐	20. Pt critical of GP clinic: 'impossible to ever get an appointment there'	☐	☐	☐
3. Address: 8 Elm Avenue	☐	☐	☐	21. Complained about cost of new frames last year	☐	☐	☐
4. GP: Dr Suresh Trivedi; attends practice yearly for diabetic eye exam	☐	☐	☐	Examination			
Social background				22. VA with current specs: R 6/6, L 6/6	☐	☐	☐
5. School administrator, full-time; long hours, irregular meals	☐	☐	☐	23. Refraction: small myopic shift both eyes since 10/25 — not prescribed (likely due to fluctuating BGLs)	☐	☐	☐
6. Married, 2 teenage children	☐	☐	☐	24. IOP within normal limits both eyes; anterior eyes healthy	☐	☐	☐
7. Enjoys gardening and sings in local choir	☐	☐	☐	25. Dilated fundus: scattered microaneurysms only both eyes; no retinal haemorrhages	☐	☐	☐
8. Says husband 'keeps nagging her about sweets' and they argue about it	☐	☐	☐	26. OCT macula: no oedema; no maculopathy either eye	☐	☐	☐
Medical history				27. Retinal photos taken — copy available for GP	☐	☐	☐
9. T2DM dx 2019 — metformin	☐	☐	☐	Assessment			
10. Hypertension — perindopril	☐	☐	☐	28. Mild non-proliferative diabetic retinopathy (NPDR) both eyes, no maculopathy — new since last exam	☐	☐	☐
11. Hypothyroidism — thyroxine, stable	☐	☐	☐	29. Blurred vision likely fluctuating refraction from hyperglycaemia, not retinopathy	☐	☐	☐
12. Appendicectomy 1995	☐	☐	☐	Plan			
13. Allergies: NKDA	☐	☐	☐	30. Findings explained; advised good BGL + BP control ↓ risk of progression	☐	☐	☐
Ocular history				31. Advised to report promptly any sudden ↓ vision, new floaters or distortion	☐	☐	☐
14. Last exam 10/2025: no diabetic retinopathy; mild myopia, glasses for distance	☐	☐	☐	32. Recall 12/12 for dilated exam + OCT; earlier if symptoms	☐	☐	☐
15. Wore soft contact lenses in her 20s; now glasses only	☐	☐	☐	33. Recommend GP review of glycaemic and BP management	☐	☐	☐
16. Father had cataract surgery aged 70	☐	☐	☐	34. Re-check refraction once BGLs stable; new specs then if needed	☐	☐	☐
History today				35. Pt intends to book GP appt this week	☐	☐	☐
17. Occasional blurred distance vision, varies day to day, past 2/12	☐	☐	☐				
18. Reports home BGLs often 'in the teens'; admits control poor; missed last 2 GP appts	☐	☐	☐				