

**EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED**

Date: 18/10/22

Name & Age

Dharu 2 yrs

Accompanied by: mother

Type of disability : C.P/Autism/ADHD/Down's syndrome/Speech Delay/Hearing impairment/Motor Delay/Others - Developmental delay.

**BIRTH HISTORY**

Term

: Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Delayed milestones.

Antenatal period & neonatal period:

B.W. 2.3 Kg.

**GENERAL HISTORY**

Umbi

Any history of seizures/fever/allergy till date? If yes, mention the same.

Current/past medications.

H/o seizures, on anti seizure medications, last episode in Sept 1st week  
seizures aggravated while crying.

Parents/caregivers opinion on current visual skills of child.

Previous history of ocular evaluation/surgery/medication/follow-up till the date.

Parents/congenital appraisal on ophthalmic rehabilitation.