

HA - 12:37
T+ - 12:42

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 27/08/2024

Name & Age Johan : 4.5y / M

Accompanied by: Mother.

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

delayed developmental milestones

BIRTH HISTORY

Term Birth Weight: 1.74 kg. : Full Term/Pre Term/Post Term
: Normal/Caesarean/Forceps/Vacuum

properly vaccinated
32 weeks

Antenatal period & neonatal period:

H/O: squint & ROP laser

GENERAL HISTORY

H/O: using PG x 2.5 yrs (child brought)

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

Nil.

Current/past medications. On Pantin Tab and ayurvedic tx.

Already GIE Patient

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.