EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

			Date:	27/08/20	
Name & Age Peter Vinup patho	18 yr (M		Accom	panied by: Tec	
Tye of disability: C.P/Autism/AD impairment/Motor De	OHD/Down's syr	ndrome/Spo	eech Del	ay/Hearing	
Term	: Full Term/Pre Term/Post Term				
	: Normal/Caesarean/Forceps/Vacuum				
Antenatal period & neonatal per	iod:				
GENERAL HISTORY CO	: discharge	(ou)	& W	atering.	
Any history of seizures/fever/allergy till date? If yes, mention the same.					
Current/past medications.					
Parents/caregivers opinion on cu	urrent visual ski	lls of child.			
Previous history of ocular evalua	ation/surgery/m	nedication/f	follow-up	till the date.	
Parents/congenital appraisal on	ophthalmic reh	nabilitation.			