

H(11:22am)

T1(11:32am)

(5)

(4)

## EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date:

19/3/25

Name & Age: Heonrak Goevar 12/2y 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

: Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

### GENERAL HISTORY

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

No spurtic. H/o Not allergic.

Current/past medications.

H/o NICU, phototherapy x 7 days.

Not under medication ... only using vitamin tablets.

Parents/caregivers opinion on current visual skills of child.

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

Rop Screening @ GEC

Parents/congenital appraisal on ophthalmic rehabilitation.