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## EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Name & Age Johniya Joseph, 7y<sup>n</sup> Date: 12/9/23  
Accompanied by: Teacher  
Type of disability: C.P/Autism/spectrum/ADHD/Down's syndrome/Speech Delay/Hearing impairment/Motor Delay/Others

### BIRTH HISTORY

Term : Full Term/Pre Term/Post Term 32 wks  
: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period: Regular

### GENERAL HISTORY

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

No Seizures

Current/past medications.

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.