

HA - 11:22
TA - 11:27
TA - 11:40

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 27/08/2024

Name & Age Avanthika : 8.5 yrs / 1

Accompanied by:

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

BIRTH HISTORY Hydrocephalus

Delayed developmental milestones,

Term 2.68 : Full Term/Pre Term/Post Term 36 weeks f
Birth weight: 2.2 kg : Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

H/O: Squint

Vaccinatⁿ upto date

GENERAL HISTORY

C/o: irritation, itching

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

H/O fits @ 1.5 yrs of age.

Current/past medications. On fenzium

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.