

U (11:07 am)  
T (11:21 am)

(7)

(5)

## EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 19/3/25

Name & Age: <sup>Tharjal.</sup> ~~Tharjal.~~ 3 1/2 years

Accompanied by:

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

Global Developmental Delay  
Infantile spasm (on R)

### BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period: Delayed Milestone.  
H/o Nica & X-mosh.

### GENERAL HISTORY

Any history of seizures/fever/allergy till date? If yes, mention the same. XOD & N fast  
Episode on 07th month

No H/o Allergy.

Current/past medications.

Parents/caregivers opinion on current visual skills of child.

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

Parents/congenital appraisal on ophthalmic rehabilitation.