

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 27/08/2024

Name & Age Athmaja D : 11 months old / f

Accompanied by: Mother.

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

Delayed Development Milestone.

BIRTH HISTORY

Term Birth weight 3.35 Kg :: Full Term/Pre Term/Post Term Properly vaccinated.
: Normal/Caesarean/Forceps/Vacuum NO consanguinity

Antenatal period & neonatal period: H/O Oxygen therapy x 1 day.

GENERAL HISTORY

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

Nil.

Current/past medications. Nil

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.