

H(11:02am)
T1(11:12am)

(6)

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Name & Age: ATHIMA / 14R 5 months

Date: 19/03/2025

Accompanied by: Mother

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

Birth wt - 3.350

H/o NICU - 1 day

BIRTH HISTORY

Term

☒ Full Term/Pre Term/Post Term

No h/o consanguinity

☒ Normal/Caesarean/Forceps/Vacuum

Vaccination up-to-date

Antenatal period & neonatal period:

GENERAL HISTORY

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

No h/o fits/seizures

Current/past medications. Nil

Parents/caregivers opinion on current visual skills of child.

Already R of DR. NM.

H/o alternate patching for 2 months. ba

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

Parents/congenital appraisal on ophthalmic rehabilitation.