

HA - 10:55
T - 11:01, 11:30

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 27/08/2024

Name & Age Akshith : 7 1/2 year / M

Accompanied by: Mother

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

Speech delay.

BIRTH HISTORY

No. Hb Nil.

Term Birth weight: 3.75 kg. : Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

properly vaccinated.

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.