

11 (10.5.2000)
11 (11.9.2000)

(5)

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 19/03/2025

Accompanied by: Mother

Name & Age: Siddhant A. Vannalayan

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

Delayed milestones/Not yet started to walk

BIRTH HISTORY

Term

✓ : Full Term/Pre Term/Post Term

Birth wt - 3.450 kg

✓ : Normal/Caesarean/Forceps/Vacuum

Vaccinated up-to-date

Antenatal period & neonatal period:

No h/o consanguinity
H/o NICU x 2 days

GENERAL HISTORY

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

No h/o fits/seizures

No polycystic kidney disease

Current/past medications. Nil

Parents/caregivers opinion on current visual skills of child.

Dx as astigmatism from Amritha, advised close follow up.

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

Parents/congenital appraisal on ophthalmic rehabilitation.