

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

H = 10.27am
T = 10.37am
N = 10.47am.

Date: 27/06/23

Name & Age Thirijwel / 1 1/2 year old.

Accompanied by:

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

BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

Delayed developmental milestone

GENERAL HISTORY

H/o NICU x 2 month

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

H/o seizures on medicine last episode on 9th 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.

Consulted Dr. Neena in July 4 months back.

Parents/congenital appraisal on ophthalmic rehabilitation. using spectacles.