

## EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 28/0

Name & Age: Siyasana  
15 years old.

Accompanied by:

Type of disability : C.P/Autism/ADHD/Down's syndrome/Speech Delay/Hearing impairment/Motor Delay/Others Global developmental delay.  
Both at - 1.70 Kg

### BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

### GENERAL HISTORY

No H/O Nicos.

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

H/O seizures on medicine - last episode (4 years old)

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.

H/O w/ing Spectacle 1 year

Parents/congenital appraisal on ophthalmic rehabilitation.