

HA: 11.35

T: 12:00, 12:15

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 27/08/2024.

Name & Age Saugav : 7 year / M

Accompanied by:

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

BIRTH HISTORY

Term Birth weight: Normal : Full Term/Pre Term/Post Term *Twins*
: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

GENERAL HISTORY

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

No

Current/past medications.

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.