

H (1:33pm)
T (1:43pm)

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 19/3/25

Name & Age: Neelakandan RS, 1.7yrs

Accompanied by: Mother

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

Delayed developmental milestones

BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

disorder

Antenatal period & neonatal period:

GENERAL HISTORY

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

H/O Fits x 3 year back when last episode occurred

H/O Meningitis 2 1/2 months back x cannot do medication

Current/past medications.

Parents/caregivers opinion on current visual skills of child.

Squint noticed by parent.

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

Parents/congenital appraisal on ophthalmic rehabilitation.