

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 19/03/2025

Accompanied by: Palha

Name & Age: Saurav 18 M

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

Term

: Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

Vaccination up-to-date

GENERAL HISTORY

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

No h/o febrile seizures

Current/past medications. On tab for hyperactivity

Parents/caregivers opinion on current visual skills of child. Bringing toys close to face.

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

Parents/congenital appraisal on ophthalmic rehabilitation.