

H (10:55am)
T1 (11:06am)

(4)

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Name & Age: Jonathan KJ / 3 yrs

Date: 14/3/23

Accompanied by:

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

Language disorder, Developmental delay

BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

GENERAL HISTORY

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

H/O seizures on medication

H/O phototherapy

NICE X 1 month, Delayed milestone

Current/past medications.

Baby was on Ventilation for 7 days.
on 1/1/23 nasal prongs.

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.