

12:15 pm
12:30 pm

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 20/2/19

Name & Age

: Athmic, 3yrs

Accompanied by: Mother

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

BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term 32 weeks.

: Normal/Caesarean/Forceps/Vacuum

BW - 1.260 kg

Antenatal period & neonatal period:

Cord around neck

*NICU for 4 months
for respiratory distress
was on ventilator
for 5 days*

GENERAL HISTORY

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

Recurrent h/o of seizures is on medication

Current/past medications.

*1. cyprian
1. fexin
1. orybol*

Parents/caregivers opinion on current visual skills of child.

*Child is an ROP baby for
which laser was given for both eyes at 4 months
after delivery*

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

Parents/congenital appraisal on ophthalmic rehabilitation.

NM