

HA - 10:35

Td - 10:41, 11:05

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date:

Circumstances

Name & Age : RUBEN / 4 :

Accompanied by: Mother

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

Delayed milestones

BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term

Birth wgt: 3.900

: Normal/Caesarean/Forceps/Vacuum

Vaccinated up to date

Antenatal period & neonatal period:

No h/o consanguinity

GENERAL HISTORY

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

No h/o fits/seizures

Current/past medications. Nil

Parents/caregivers opinion on current visual skills of child. Nil

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

Parents/congenital appraisal on ophthalmic rehabilitation.