

H (11/18am)  
Tf (11.28am)

(10)

(5)

## EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Name & Age : JOHANETA JOSEPH / 10

Date: 19/03/2025

Accompanied by: Mother

Type of disability : C.P/Autism/ADHD/Down's syndrome/Speech Delay/Hearing impairment/Motor Delay/Others | ASD, ADHD - 8 months

### BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term Vaccination up-to-date

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

No h/o consanguinity

### GENERAL HISTORY

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

H/o single episode of seizure 11 Mts on tx.

Current/past medications. On Homeo Rx for hyperactivity.

Parents/caregivers opinion on current visual skills of child. H/o glasses x 8 years

(good compliance with glasses)

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

Parents/congenital appraisal on ophthalmic rehabilitation.