

HA - 11:10
T+ - 11:15, 11:30

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 24/08/2024

Name & Age : Eden Byo / 9

Accompanied by: Mother

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

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.

No h/o fits/seizures

Current/past medications. On Homeo Rx for hyperactivity.

Parents/caregivers opinion on current visual skills of child.

Holding objects close to face since childhood.

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

Parents/congenital appraisal on ophthalmic rehabilitation.