H+- 10.55 Am T+- 11.05 Am T+ - 11-20 Am

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

. Date: 14/12/2023

Name & Age Aathmiks :8/M

Tye of disability: C.P/Autism/ADHD/Down's syndrome/Speech Delay/Hearing

impairment/Motor Delay/Others Cenebaal palsy Spastic Quadaiplegia

BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term (7 month)

: Normal/Caesarean/Forceps/Vacuum

| Fixth weight:
| Oligohydramnios (ord artific next. 1.26kg.)

Antenatal period & neonatal period:

GENERAL HISTORY

Ho Nicu admission for himonths. (
on ventilator for 5 days due to respirate distress

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

Recurrent Ho Seidens on medication.

hast opisode one mouth back. Current/past medications.

7. frediam

Parents/caregivers opinion on current visual skills of child.

ROP baby

Faser given for boths Eyes afte 4 months of deliny

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

Parents/congenital appraisal on ophthalmic rehabilitation.