

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date:

Name & Age **ADITHYAN ASHOB / 6 years**

Accompanied by:

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: *Nil*

GENERAL HISTORY

*DD: Redness \* Today morning .*

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

*Get a*

Current/past medications.

*Nil*

Parents/caregivers opinion on current visual skills of child.

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

Parents/congenital appraisal on ophthalmic rehabilitation.