EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

			Date:	14/1/20	
***************************************	Name & Age	: 248s	Accomp	panied by:	Case takes
	Tye of disability	: C.P/Autism/ADHD/Do	wn's synd	drome/Spe	ech
		y/Hearing Cu	lobul	derel	lo pmental
	impairment/M	otor Delay/Others	telay.		
	BIRTH HISTORY		,		
	Term	: Full Term/Pre Term/Po		•	nw-2.7kg
	Antenatal period & neonatal pe	: Normal/Caesarean/Fo	orceps/Va ん みか	cuum B Mynia.	due 1
	Antenatal period & neonatal peri	od: mewnium s	espiral	non.	Beizem
	GENERAL HISTORY after	8 hrs of birth.	,		
	Any history of seizures/fever/alle	rocephaly * rgy till date? If yes, menti	ion the sa	me.	
	Ho intende spa	ems hui 1	reen	back	~
	H/o infanhle spa On anticonvulsan	12 - Levipill	a 3D ^s	since	birth.
		,			•
	Current/past medications.				
	Levell BD.				
6					,
	Parents/caregivers opinion on cu	rrent visual skills of child.			
	Not hining p				
16/2/16:	Previous history of ocular evaluat	ion/surgery/medjcation/	follow-up	till the date	e
	Previous history of ocular evaluate VEP - inconsistent so primary visual	ware forms Pathway dysfin	nelion	pholo q OV	y 00,
	Parents/congenital appraisal on o	ophthalmic rehabilitation.			
	Child has bee energes since	n undergoing	٠ ٧٠	sual s	shimulah
	eneruses since	1 year.			<i>f</i>