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not done

EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 27/08/2024

Name & Age Sanjana S : 5 years/1

Accompanied by:

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

Vaccination up to date

BIRTH HISTORY

Normal milestones

Term Birth weight: 2.6 kg. : Full Term/Pre Term/Post Term

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

No h/o consanguinity

GENERAL HISTORY

No h/o oxygen therapy

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

Nil.

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.