EYE SCREENING PROFORMA FOR DIFFERENTLY ABLED

Date: 17/08/22

Name & Age Dhay : 1 Yer & 11 nonth Accompanied by: Hother

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

BIRTH HISTORY

Term

: Full Term/Pre Term/Post Term Delay ed sustanes

: Normal/Caesarean/Forceps/Vacuum

Antenatal period & neonatal period:

B w. 2. 3 kg

GENERAL HISTORY

umbliel code issues duing delivery time.

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

Ho first from 9 norths of birth (on Rx)

Current/past medications.

falponin x from 9 nomths bruth (Both for Ats) levipillem x from 9 nomths bruth

Parents/caregivers opinion on current visual skills of child.

Parent feels a Yellow colour in OS

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

Parents/congenital appraisal on ophthalmic rehabilitation.