



Supplemental Information for NF1 referrals

What is the reason for this referral? (please check all that apply)

- query NF1? – assess for a diagnosis
- genetic counselling for family (diagnosis already established)
- ongoing medical management for an established diagnosis of NF1
- other: _____

Patient Stamp

Referring MD: _____

Clinical Information

Does this patient fulfill any of the following diagnostic criteria for NF1? yes no

If yes, indicate which:

- 6 or more café-au-lait macules ≥ 0.5 cm prepubertal, or ≥ 1.5 cm post-pubertal
- axillary and/or inguinal freckling
- two or more neurofibromas OR one or more plexiform neurofibroma
- two or more Lisch nodules
- optic nerve tumor (glioma)
- sphenoid wing dysplasia or thinning of the cortex of the long bones (+/- psuedoarthrosis)
- a first degree relative with a confirmed diagnosis of NF1

Does this patient have other features associated with NF1? yes no

- tibial bowing (not associated with pseudoarthrosis)
- macrocephaly
- scoliosis
- other: _____
- fewer than 6, OR many small (<0.5 cm) café au lait spots
- one neurofibroma
- one lisch nodule
- precocious puberty

Does this patient have any additional or unusual dermatologic manifestations? yes no

If yes, please specify:

Does this patient have any other health/medical concerns? yes no

If yes, please specify:

Are any of the following present in this patient? yes no

- dysmorphic features
- learning disability
- developmental delay
- behavioural concerns (ex ADHD)
- speech delay
- birth defect(s): _____

Please indicate which of the following assessments have been arranged for this patient:

- Dermatology no referral arranged referral made assessment completed
- Ophthalmology no referral arranged referral made assessment completed
- Pediatric NF1 Clinic no referral arranged referral made assessment completed
- Genetics no referral arranged referral made assessment completed
- Other _____

Additional Comments:

This information will assist us in providing appropriate, coordinated care for your patient . We ask that you complete and

return this form in order for your referral to be processed.