

Neurofibromatosis Clinic – Referral Form

The LHSC Neurofibromatosis (NF) clinic is a multidisciplinary clinic for children (<18 years of age) with a clinical diagnosis of NF1 or NF2. This clinic provides yearly screening for NF-related medical issues, and provides multidisciplinary management for those patients with complex NF issues. If your patient does **not** meet criteria for a clinical diagnosis of NF, they should first be referred to Medical Genetics for assessment.

patients do not require molecular genetic testing

see <http://pediatrics.aappublications.org/content/121/3/633.full> for NF1 diagnostic criteria

Referral for a Diagnosis of: **NF1**
 NF2

Anticipated services: Yearly health supervision screening <input type="checkbox"/>	Neurology <input type="checkbox"/>
(check all that apply) Oncology <input type="checkbox"/>	General Surgery <input type="checkbox"/>
Neurosurgery <input type="checkbox"/>	Ophthalmology <input type="checkbox"/>
Developmental Pediatrics <input type="checkbox"/>	Social Work <input type="checkbox"/>

IMPORTANT: PLEASE FAX COMPLETED REFERRAL FORM TO (519) 685-8384

Please include:
 1. Clinical documentation of NF1 or NF2 diagnosis
 2. Any relevant imaging reports (MRI, Ultrasound, etc)

****YOUR OFFICE WILL BE CONTACTED WITH THE APPOINTMENT DATES****

PATIENT NAME _____ **DOB (YY/MM/DD)** _____

HEALTH CARD NUMBER _____ **Parent Names:** _____

ADDRESS _____ **PHONE** _____

_____ **ALT NUMBER** _____

_____ **POSTAL CODE** _____

Additional relevant clinical and/or family history _____

NEED INTERPRETER YES NO **LANGUAGE** _____

Referring Physician _____

Address _____

Phone Number _____

Fax Number _____