

800 Commissioners Rd East PO Box 5010 London ON N6A 5W9 Tel (519) 685-8500 x 57909 Fax (519) 685-8384

## 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. <u>If your patient does **not** meet criteria for a clinical diagnosis of NF, they should first be referred to Medical Genetics for assessment.</u>

\*patients do not require molecular genetic testing\*

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

see <u>mup.//p</u>	rediatrics.dappablications.org/content/121/	73/033.juii joi NF1 ulughostic Chteriu
Referral for a Dia	gnosis of: NF1 NF2	
Anticipated services: (check all that apply)	Yearly health supervision screening Oncology Neurosurgery Developmental Pediatrics	Neurology General Surgery Ophthalmology Social Work
IMPORTANT: PLEASE	FAX COMPLETED REFERRAL FORM TO (51	.9) 685-8384
2. Any relevant imaging	on of NF1 or NF2 diagnosis g reports (MRI, Ultrasound, etc)  OFFICE WILL BE CONTACTED WITH	THE APPOINTMENT DATES**
PATIENT NAME		DOB (YY/MM/DD)
HEALTH CARD NUMBER		
ADDRESS_		
		ALT NUMBER
		POSTAL CODE
Additional relevant cli	inical and/or family history	
NEED INTERPRETER	□ YES □ NO LANGUAGE	
Referring Physician		
Address		
Phone Number		
Fax Number		