The Royal Children's Hospital Melbourne

UR NUMBER

SURNAME

GIVEN NAME (S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE

NEUROFIBROMATOSIS OP NOTE

NF1 Clinic Note

Date:

NF1 Diagnostic Criteria	**No**	**Yes**	**Details**
≥ 6 CAL spots	☐	☐	
≥ 2 neurofibromas OR plexiform	☐	☐	
axillary / inguinal freckling	☐	☐	
optic glioma	☐	☐	
≥ 2 Lisch nodules	☐	☐	
distinctive bony lesion	☐	☐	
first-degree relative affected	☐	☐	

History

cognitive impairment	☐	☐
ADHD-like symptoms	☐	☐
headaches	☐	☐
localised pain	☐	☐
visual deterioration	☐	☐
constipation	☐	☐
gait disturbance	☐	☐

Examination Other findings

blood pressure	mmHg	
head circumference	cm	
height	cm	
weight	kg	
visual acuity		
scoliosis	☐	☐
Tanner stage pubic hair		
testes / breasts		
CAL spots – details		
neurofibromas – details		

Investigations

MRI brain	☐	☐
Other		

Referrals

Ophthalmology	☐	☐
Other		