One-Page NF Health Summary

A concise overview to share with a new provider or use when organizing your records.

Name

Date of birth

NF diagnosis

Date diagnosed (if known)

Important NF history

Important NF manifestations or health concerns

Tumors or areas currently being monitored

Important surgeries, procedures, or treatments

Current information

Current medications and doses

Allergies or important reactions

Most recent important imaging and date

NF specialist or coordinating provider

What I want providers to understand about my care