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| Clinical checklist CadasilCerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy |
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| Centrum Medische Genetica UZ Gent  |

1. Patient information

Name: Click and enter text.

First name(s): Click and enter text.

Sex:  

Date of Birth: Choose date.

Address: Click and enter text.

Referring physician: Click and enter text.

Referring center: Click and enter text.

Date: Choose date.

1. Pedigree

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| Click and enter text. |
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1. Checklist for CADASIL

Please indicate the clinical characteristics for CADASIL present/absent in your patient.

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| --- | --- | --- |
|  | **present** | **absent** |
| Migraine without aura |  |  |
| Migraine with aura |  |  |
| TIA or CVA > 50 years |  |  |
| TIA/CVA onset < 50years |  |  |
| Mood and anxiety disturbances |  |  |
| Psychiatric disturbances |  |  |
| Alterations in attention and memory |  |  |
| Cognitive decline |  |  |
| Dementia |  |  |
| Leukoencephalopathy |  |  |
| Leukoencephalopathy extended to temporal pole |  |  |
| Leukoencephalopathy extended to external capsule |  |  |
| Subcortical infarcts |  |  |
| Family history\* in at least 1 generation |  |  |
| Family history\* in at least 2 generations |  |  |

\*For at least one of the typical features (headache, transient ischemic attack/stroke, cognitive decline, psychiatric disturbances)

1. Other relevant clinical manifestations

[ ]  seizures [ ]  acute reversible encephalopathy

[ ]  intracerebral haemorrhages [ ]  vertigo (dizziness)

[ ]  myocardial infarction [ ]  other: Click and enter text.

[ ]  visual abnormalities