H9.1-B15, v2, in voege 30/4/18

Clinical checklist Cadasil

CEREBRAL AUTOSOMAL DOMINANT ARTERIOPATHY WITH SUBCORTICAL INFARCTS AND LEUKOENCEPHALOPATHY

CENTRUM MEDISCHE GENETICA UZ GENT

1. Patient information

Name: _____

First name(s): _____

Sex: ☐ Male ☐ Female

Date of Birth: _____

Address: _____

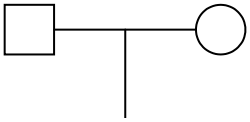
_____

Referring physician: _____

Referring center: _____

Date: _____

2. Pedigree



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3. Checklist for CADASIL

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

	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)

4. Other relevant clinical manifestations

☐ seizures
☐ intracerebral haemorrhages
☐ myocardial infarction
☐ visual abnormalities
☐ acute reversible encephalopathy
☐ vertigo (dizziness)
☐ other: _____