

PART A

Complications or potential risk of complications (Ulceration, Visual Compromise, Feeding difficulties, Stridor) Yes No

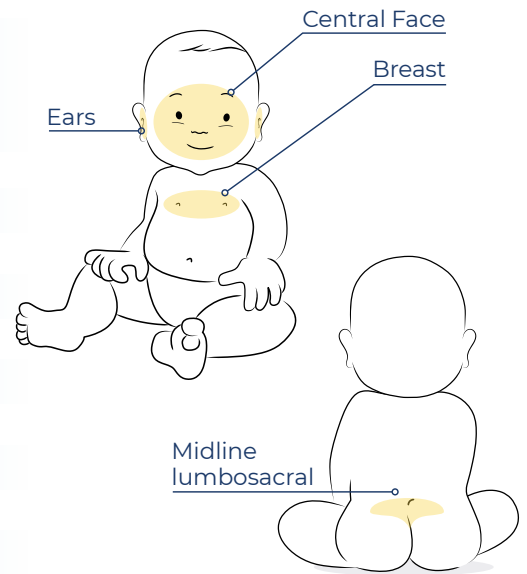
Central face and/or ears Yes No

Breast (in female) Yes No

Midline lumbosacral Yes No

Size ≥ 4 cm (focal or segmental) Yes No

Number of hemangiomas ≥ 5 Yes No



IF AT LEAST ONE OF THE PREVIOUS SITUATIONS IS TICKED "YES", PLEASE REFER THE PATIENT TO AN EXPERT CENTER.

IF YOU TICKED "NO" TO ALL QUESTIONS, PLEASE FILL IN THE TABLE ON NEXT PAGE.

Note: In case of multiple IH, the score should be done for each IH.

PART B

THE TOTAL SCORE IS THE SUM OF THE SCORES FROM EACH PARAMETER BELOW:

Parameters	Items			Score Please consider only the highest score for each parameter	
Location of Hemangioma	Other facial areas than those mentioned previously (see part A)	<input type="radio"/> Yes	<input type="radio"/> No	If Yes: 3 points (if No: 0 point)	<input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0
	Neck, Diaper area, Scalp	<input type="radio"/> Yes	<input type="radio"/> No	If Yes: 2 points (if No: 0 point)	<input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0
Size of the biggest Hemangioma	≥ 1 cm on other facial area than those mentioned previously (see part A)	<input type="radio"/> Yes	<input type="radio"/> No	If Yes: 3 points (if No: 0 point)	<input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0
	2 – 4 cm on other body area than those mentioned previously (see part A)	<input type="radio"/> Yes	<input type="radio"/> No	If Yes: 2 points (if No: 0 point)	<input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0
Current child age and growth of Hemangioma	The infant is < than 2 months	<input type="radio"/> Yes	<input type="radio"/> No	If Yes: 3 points (if No: 0 point)	<input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0
	The infant is ≥ 2 and ≤ 4 months with an evident growth within last 2 weeks	<input type="radio"/> Yes	<input type="radio"/> No	If Yes: 2 points (if No: 0 point)	<input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0
TOTAL					

SCORE ≥ 4 : PLEASE REFER THE PATIENT TO AN EXPERT CENTER.

SCORE <4: PATIENT NOT TO BE REFERRED, SHOULD BE MONITORED. SCORE WILL BE DONE AT EVERY VISIT.

The final decision to refer the patient to an expert centre is up to the physician and the parents.