|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Details** | | | | | | | | | | | H&C No | | |  | | | | | Paediatric | | | |  |
| Hosp No | | |  | | | | | Vulnerable adult | | | |  |
| Name | |  | | | | | | | | |  | | | | | | | | | | | | |
| Address | |  | | | | | | | | | Contact Tel (Home) | | | | |  | | | | | | | |
| Contact Tel (Mobile) | | | | |  | | | | | | | |
|  | | | | | | | | | | | | |
| Postcode | |  | | | | | | | | | BMI | | | | |  | | | | | | | |
| DOB | |  | | | | | | | | | Chair Bound | | | | |  | Yes | |  | No | | | |
| GP Name | |  | | | | | | | | | House Bound | | | | |  | Yes | |  | No | | | |
| GP Address | |  | | | | | | | | | Ambulance required | | | | |  | Yes | |  | No | | | |
| **Lymphoedema History** | | | | | | | | | | | | | | | | | | **Symptoms** | | | | | |
| Priority | | |  | Routine | | | |  | Lymphorrhea | | | |  | Pallative | | | |  | Swelling | | | | |
|  | | | | | | | | | | | | | | | | | |  | Heaviness | | | | |
| Location of Lymphoedema | | |  | Left | | | |  | Right | | | |  | Bilateral | | | |  | Pain | | | | |
|  | Upper Limb | | | |  | Lower Limb | | | |  | Head & Neck | | | |  | h/o cellulitis | | | | |
|  | Trunk | | | |  | Genital | | | | | | | | |  | Lymphorrhea | | | | |
|  | | | | | | | | | | | | | | | | | |  | Wound | | | | |
| Past Treatment | | |  | | | | | | | | | | | | | | |  | | | | | |
| **Cause (if known)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Primary | | |  | Infection | | | |  | Dependency | | | |  | | | | | | | | | |
|  | Cancer | | |  | Inflammation | | | |  | Venous Disease | | | |  | Other, please specify | | | | | | | | |
| **If Cancer** | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer diagnosis (inc secondaries): | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery: | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Nodes removed: | | | N |  | Y |  | Details: | |  | | | | | | | | | | No. of +ve nodes: | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Chemotherapy: | | |  | | | | | | | | | | | | | | | | | | | | |
| Radiotherapy: | | |  | | | | | | | | | | | | | | | | | | | | |
| **Medical History** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Y |  | N |  |  | | | | | Y |  | N |  |  | | | | Y |  | N |
| Hypertension | | | |  |  | Diabetes | | | | |  |  | Venous Thrombosis | | | |  |  |
| Heart Failure | | | |  |  | Obesity | | | | |  |  | Chronis Skin Disorder | | | |  |  |
| Phlebitis | | | |  |  | Varicose Veins | | | | |  |  | Rheumatoid Arthritis | | | |  |  |
| Thyroid | | | |  |  | Sleep Apnoea | | | | |  |  | Osteoarthritis | | | |  |  |
| PVD | | | |  |  | Renal Failure | | | | |  |  | Neurological Disorder | | | |  |  |
| **Relevant Medication** | | | | | | | **Investigations to Date** | | | | | | | | | **Other Relevant Information** | | | | | | | |
|  | | | | | | | Lymphoscintigraphy | | | | | | | | |  | | | | | | | |
|  | Carried out | | | |  | Ordered | | |
| Doppler | | | | | | | | |
|  | Carried out | | | |  | Ordered | | |
| Please forward copy of results | | | | | | | | |
| **Referred by:** | | |  | | | | | | | | | | | | |
| **Designation:** | | |  | | | | | | | | | | | | |
| **Contact No:** | | |  | | | | | | | | | | | | |
| **Date:** | | |  | | | | | | | | | | | | |