|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |  |  |