

Lymphoedema assessment form

1. Main member's details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s) (as per identity document)	<input type="text"/>		
Preferred name	<input type="text"/>		
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ID or passport number	<input type="text"/>	Country of issue	<input type="text"/>
Membership number	<input type="text"/>		
Telephone (H)	<input type="text"/>	-	<input type="text"/>
Cellphone	<input type="text"/>	-	<input type="text"/>
Telephone (W)	<input type="text"/>	-	<input type="text"/>
Email	<input type="text"/>		

2. Clinical information

Current symptoms	<input type="text"/>	
Primary	<input type="checkbox"/>	Secondary <input type="checkbox"/>
Cancer status	Active	<input type="checkbox"/>
	Remission	<input type="checkbox"/>
	Recurrent	<input type="checkbox"/>
Disease	Venous	<input type="checkbox"/>
	Arterial	<input type="checkbox"/>
	Neurological	<input type="checkbox"/>
Treatment type	Radiotherapy	<input type="checkbox"/>
	Chemotherapy	<input type="checkbox"/>
	Hormonal therapy	<input type="checkbox"/>

Current location of swelling



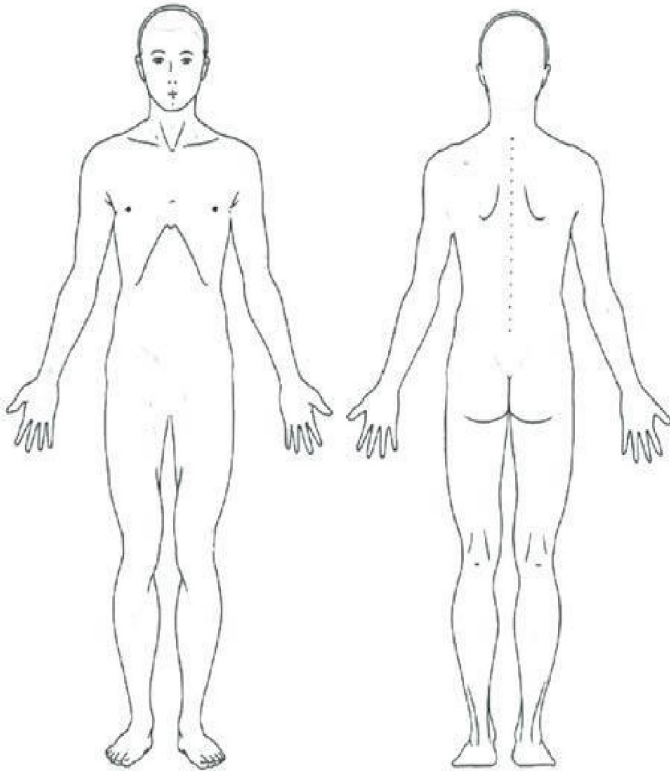
Swelling



Pitting



Tissue thickening



Limb circumference measurements

	Upper limb		Lower limb	
	R	L	R	L
Hand/foot circumference (cm)				
Starting point (cm)				
Above elbow/knee (cm)				
Below elbow/knee (cm)				
Total limb volume (ml)				
Distal volume (ml)				
Proximal volume (ml)				
Distal:proximal ratio				
Excess total limb volume (ml and %)				
Excess distal limb volume (ml and %)				
Excess proximal limb volume (ml and %)				

3. Medical information and past history. Please provide details on the following

Surgery	
Axillary clearance/sentinel node biopsy/nodes removed/number of + nodes	
Family history	
Current medication	
Existing conditions and co-morbidities (please include skin conditions)	

Previous lymphoedema treatment and duration (please include details on self-management)

4. Proposed treatment

Lymphoedema therapist

Practice number

Staging

Date of staging Treatment start date

5. Initial visit

Requested Code	Cost	Frequency	Motivation

6. Treatment

Duration of proposed treatment

Requested Code	Cost	Frequency	Motivation

7. Garments and bandages

NAPPI Code	Cost	Quantity	Motivation

8. Total proposed treatment

Initial visit

Treatment

Garments and bandages

Total

Signature of Healthcare Professional

Date