Bankmed
Yours in good health

Contact us
Tel: 0800 BANKMED (0800 226 5633) • Private Bag X2, Rivonia 2128 • www.bankmed.co.za

Lymphoedema assessment form

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
2. Only applications that have been completed by Healthcare Professionals will be accepted.
3. Send the completed and signed form, with photographs by e-mail to **oncology@bankmed.co.za**.

1. Principal Member details

ID or passport number

Name

Surname

2. Patient details (to be completed by the patient or the member)

Title
Initial(s)

First name(s)

Surname

Membership number

ID or passport number

Telephone (H)
Telephone (W)

Cellphone

E-mail

Relationship to Principal Member

3. Clinical information

Current symptoms

Primary
Secondary

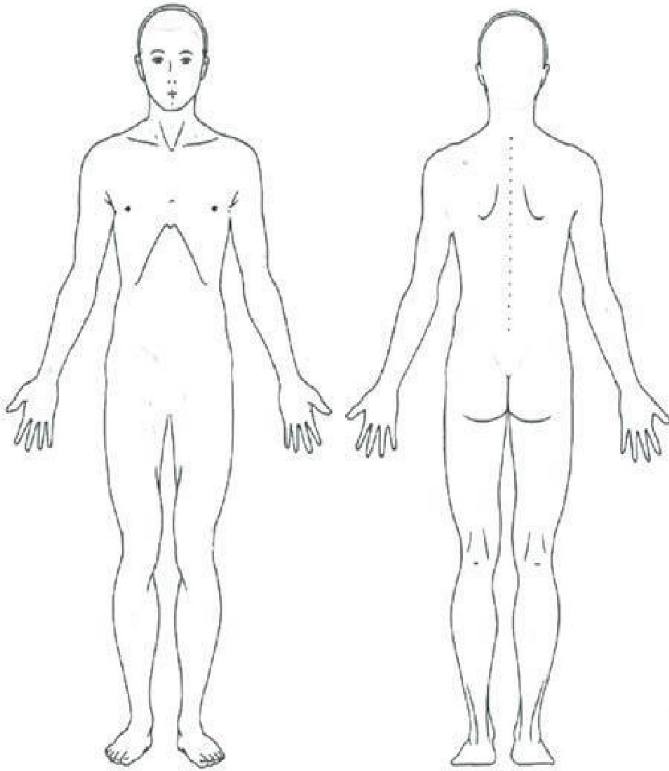
Cancer status
- Active
- Remission
- Recurrent

Disease
- Venous
- Arterial
- Neurological

Treatment type	Radiotherapy	☐
	Chemotherapy	☐
	Hormonal therapy	☐

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 %)				

4. 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)	

5. Proposed treatment

Lymphoedema therapist

Practice number

Staging

Date of staging D D M M Y Y Y Y

Treatment start date D D M M Y Y Y Y

6. Initial visit

Requested Code	Cost	Frequency	Motivation

7. Treatment

Duration of proposed treatment

Requested Code	Cost	Frequency	Motivation

8. Garments and bandages

NAPPI Code	Cost	Quantity	Motivation

9. Total proposed treatment

Initial visit

Treatment

Garments and bandages

Total

Healthcare Professional's signature

Date D D M M Y Y Y Y