

## Lymphoedema assessment form

### Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a not-for-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](mailto:oncology@bankmed.co.za).

### 1. Principal Member's details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

### 2. Patient details

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First name(s)	<input type="text"/>		
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
E-mail	<input type="text"/>		
Relationship to Principal Member	<input type="text"/>		

### 3. 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



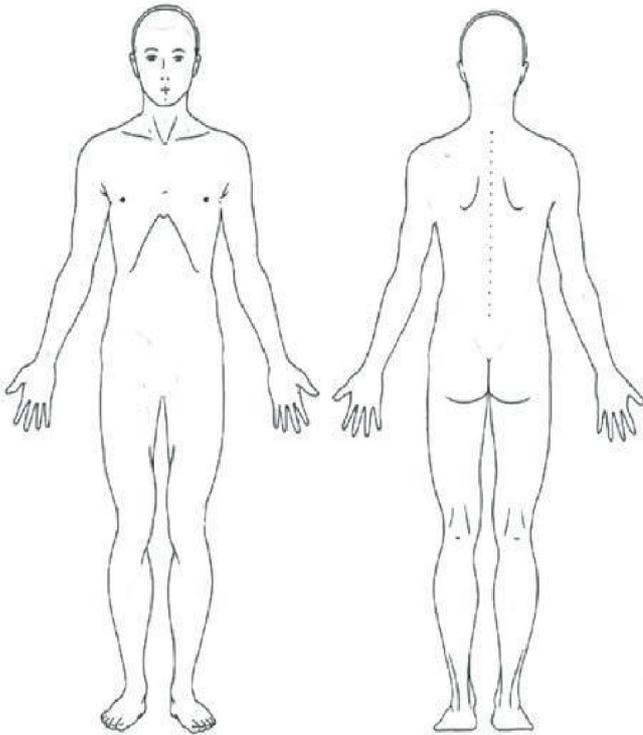
Swelling



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 %)				



## 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
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