

Lymphedema Evaluation (Sample)

Name: _____ Date: _____

1. For how long have you had lymphedema? _____

2. Have you ever had any lymphedema infections? _____

3. Do (did) you ever leak fluid from the swollen area? _____

4. Do you take antibiotics? _____

5. Do you take diuretics for lymphedema? _____

6. Do you take benzopyrones for lymphedema? _____

7. Do you take any other drugs for lymphedema? _____

8. Does anyone in your family have lymphedema? _____

9. Which extremity has lymphedema? _____

(Circle all that apply) Left Arm Right Arm
 Left Leg Right Leg

10. Have you had prior treatment for lymphedema? _____

(Circle all that apply) Surgery Compression Garment
 Antibiotics Pneumatic Pump
 Manual Lymph Drainage
 Other (explain): _____

11. Do you have bronchial asthma? _____

12. Do you have hypertension? _____

13. Do you have diabetes? _____

14. Do you have allergies? _____

15. Do you have any cardiac problems? _____

16. Do you have any kidney problems? _____

(Over)

17. Do you have any circulatory problems?

18. List all medication(s) are you currently taking?

19. Have you ever had radiation therapy?

20. Have you ever received chemotherapy?

21. What kind of surgeries have you had?

22. Name of physician who referred you to our facility?

Address: _____

Phone: _____

23. Can we discuss your lymphedema with this physician? YES NO

24. If you are treated at this office, you will then be asked to follow a maintenance program at home.

This consists of: Elastic sleeve or stocking worn during the day
 Bandaging of limb overnight
 Skin care to avoid infections
 Exercises to accelerate lymph flow

Are you prepared to follow such a program?