



SUBJECTIVE INFORMATION

1. Name: _____ Date: _____
2. How long have you had lymphedema? _____
3. Have you ever had any previous lymphedema infections? Yes No
4. Did you receive treatment for the lymphedema? Yes No
5. Do (did) you ever leak fluid from the swollen area? _____
6. Do you take antibiotics? _____
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. List all medication(s) you are currently taking _____

12. Have you ever had radiation therapy? _____
13. Have you ever received chemotherapy? _____
14. What kind of surgeries have you had on the affected limb? _____
15. Do you have help at home? _____
16. What position do you sleep in? _____ Do you sleep in a bed, chair or other? _____
17. Have you ever traveled outside of the U.S.? Yes No If so, where? _____
18. What are your personal goals? _____

19. List any problems you have as result of the lymphedema: (sleeping, activities of daily living, etc.)

20. Do you use any assistive devices? _____

21. Do you exercise regularly? Yes No If so, what do you do and how often? _____

22. List any other major illnesses you have had _____

23. Name of physician who referred you to our facility: _____

Address: _____

Phone: _____

24. Can we discuss your lymphedema with this physician? Yes No

25. IF YOU ARE TREATED AT THIS OFFICE YOU WILL 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
 Exercise to accelerate lymph flow

ARE YOU PREPARED TO FOLLOW SUCH A PROGRAM? **YES** **NO**