

Lymphedema Evaluation

Name: _____ Date: _____

1. For how long have you had lymphedema? _____
2. Have you ever had any lymphedema infections? _____
3. Do you ever leak fluid? _____
4. Do you take prophylactic 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?
(check all that apply) Left Arm _____ Right Arm _____
 Left Leg _____ Right Leg _____
10. Have you had prior treatment for lymphedema?
(check all that apply) Surgery _____ Compression Garment _____
 Antibiotics _____ Pneumatic Pump _____
 Manual Lymph Drainage _____
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? _____
17. Do you have any circulatory problems? _____
18. What medication(s) are you currently taking? _____
19. Have you ever had radiation therapy? _____
20. Have you ever received chemotherapy? _____
21. What operation(s) have you had? _____

(over)

Fig. 6.2 Lymphedema evaluation. (continued)

Lymphedema Evaluation (continued)

22. Which physician referred you to our facility? _____

Name: _____

Address: _____

Phone: () _____

23. Can we write to or discuss your lymphedema problem 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:

- a) Elastic sleeve or stocking worn during the day.
- b) Bandaging of limb overnight.
- c) Meticulous skin care to avoid infections.
- d) Remedial exercises to accelerate lymph flow.

Are you prepared to follow such a program? _____

Fig. 6.2 (cont.) Lymphedema evaluation.