

Lymphedema and Traumatic Edema Evaluation Form

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In what body part(s) are you experiencing swelling? _____

What was the triggering factor in the swelling? (ie, surgery, radiation, bone fracture, infection, or other) _____

How long have symptoms been occurring? _____

Do you have any pain in the swollen area? _____

Does the swelling recede or increase depending on time of day or activity? _____

If so, how? _____

Have you ever had a diagnosis of lymphedema? _____

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

Have you ever had lymphedema infections? _____

If so, when? _____

Do you take antibiotics? (name type) _____

Do you take diuretics for lymphedema? _____

Do you take Benzopyrones for lymphedema? _____

Do you take any other drugs for lymphedema? _____

Does anyone in your family have lymphedema? _____

Have you had prior treatment for swelling or lymphedema? _____

(Circle all that apply)

Surgery

Compression Garment

Antibiotics

Pneumatic Pump

Manual Lymph Drainage

Other (explain) _____

Do you have bronchial asthma? _____

Do you have hypertension? _____ Controlled or uncontrolled?

Do you have diabetes? _____

Do you have allergies? _____

Do you have any cardiac problems? _____

Do you have any kidney problems? _____

Do you have any circulatory problems? _____

List all medication(s) you are currently taking _____

Have you ever had radiation therapy? _____

Have you ever received chemotherapy? _____

What kind of surgeries have you had? _____

(If applicable) Name of physician who referred you to our facility? _____

Address: _____

Phone: _____

Can we discuss your lymphedema or edema with this physician:

YES _____ NO _____

If you are treated for lymphedema at this facility, 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? _____

