Brief Medical History

(completed by patient on intake)

Date: ____________________

Name: ____ **D.O.B.:** _______________

Completed by: ☐ **Patient (listed above)** ☐ **Other:** ______________________________________

Do you currently experience swelling/lymphedema? (Please circle all that apply)

Right arm left arm both arms breast right leg left leg both legs head & neck genital

Other, please explain: ____

Have you been diagnosed with Lymphedema? ☐ **Yes** ☐ **No**

If yes, by whom: ____

How long have you had swelling/Lymphedema? ____

Was there a triggering event which caused the swelling/Lymphedema? ___________________

____

Please describe briefly how and why your swelling/lymphedema developed: _______________

____

____

Have you had any surgery? ☐ **Yes** ☐ **No**

If yes, list surgeries and dates: ____

____

____

Have you had any lymph nodes removed? ☐ **Yes** ☐ **No**

If yes, how many: ____

Have you ever received radiation therapy for cancer? ☐ **Yes** ☐ **No**

If yes, list area of radiation and dates here: ____

____

____

Have you had Chemotherapy? ☐ **Yes** ☐ **No**

If yes, how long ago? ____

Have you had any infections (Cellulitis)? ☐ **Yes** ☐ **No**

If yes, how long ago was the last one? ____

Is there a family history of lymphedema? ☐ Yes ☐ No

If yes, please explain: ______________________________

Do you have pain? ☐ Yes ☐ No

If yes, please explain: ______________________________

____

Any loss of function or mobility? ☐ Yes ☐ No

If yes, please explain: ______________________________

____

Do you have any difficulties with any of the following?

☐ walking	☐ reaching feet and toes	☐ preparing meals
☐ dressing	☐ bathing/showering	☐ other

If other, please explain: ______________________________

____

What is your current living situation?

☐ Private home/ apartment (alone)	☐ Nursing home	☐ Hospice
☐ Home with spouse or companion	☐ Assited living	☐ Other

If other, please explain: ______________________________

Do you currently suffer from (or have you had) any of the following?

☐ Asthma/ Bronchitis	☐ Hyperthyroidism	☐ Crohn's disease
☐ Osteoporosis	☐ Kidney failure	☐ Diverticulitis
☐ Difficulty Breathing	☐ Diabetes	☐ Recent abdominal surgery
☐ Irregular heart beat	☐ Infections (Cellulitis)	☐ Unexplained pain
☐ Heart edema	☐ Sleep apnea	☐ Deep venous thrombosis (blood clot)
☐ Hypertension	☐ Malignancy (Cancer)	☐ Latex Allergy

Do you have any other medical problems not listed above? ☐ Yes ☐ No

If yes, please explain: ______________________________

Are you allergic to: ☐ Latex ☐ Surgical Tape ☐ Foam Products ☐ Other

If other, please explain: ______________________________

Are you taking any medication? ☐ Yes ☐ No

If yes, list medications and amounts here: ______________________________

____

At the time you are completing this, are you, or is there a chance you could be pregnant?

☐ Yes ☐ No

Previous Treatments

Have you had previous treatment for swelling/lymphedema? ☐ Yes ☐ No

If yes, check all that apply:

☐ Manual lymph drainage (MLD)	☐ Compression pump	☐ Compression garments
☐ Compression bandaging	☐ Flexitouch	☐
☐ Lymphedema exercise	☐ Low level laser	☐

If yes, please explain your experience, success or lack of success: ______________________________

____

____

Do you currently wear a compression sleeve or stocking? ☐ Yes ☐ No

If yes, how often do you wear it and how old is it?: ______________________________

____

Do you currently use compression at night? ☐ Yes ☐ No

If yes, please explain: ______________________________

____

Do you exercise regularly? ☐ Yes ☐ No

If yes, please explain: ______________________________

____

Are you familiar with the National Lymphedema Network? ☐ Yes ☐ No

Are you familiar with the precautions (risk reduction practices) for Lymphedema? ☐Yes ☐No

Are you a member of a breast cancer or lymphedema support group? ☐ Yes ☐ No

If yes, please explain: ______________________________

Would you like to receive a newsletter and/or product updates from our office in the future?

☐ Yes ☐ No

Is there anything else you would like to tell us at this time? ______________________________

____