Medical Form

Name: ____

Symptoms:

When did you first notice symptoms: ____

____

Currently, what symptoms are you experiencing? (circle):

Swelling Weakness Open Sores/Wound That Won't Heal Pain

Heaviness/Tightness/Fullness Skin Changes (dry, discolored, weeping, hard) Rash

Shortness of Breath Impaired Motion Numbness/Tingling

Other (please describe): ____

Is your swelling affecting your ability to perform daily tasks?: ________________________

Therapy History:

Have you received ANY outpatient Physical, Occupational, or Speech Therapy this calendar year?: _____________

If so, when, and for how long? ____

Are you currently receiving outpatient Physical, Occupational, or Speech Therapy?: __________

Where, and for what? ____

Are you currently receiving home health services, to include nursing or therapy?: ___________

Have you ever received lymphedema therapy in the past?: _____________________________

If so, when: Please describe the treatment you received. _________________________

____

Lymphedema Rehab
6 Loudon Road, Suite 203 | Concord, NH 03101
(603) 227-6614 | LymphedemaRehab.com

Medical History:

Do you have any of the following medical conditions (check)?

______ High blood pressure

If so, what is your blood pressure normally? ______________________________________

______ Asthma

______ Arterial Disease

______ Paralysis

______ Crohn's Disease/Ulcerative Colitis

If so, when was your last flare? ____

______ Vertigo/Dizziness

______ Heart Problems

If so, please describe: ____

______ Aortic Aneurysm

______ Diabetes

______ Congestive Heart Failure

If so, when was your last acute episode? ____

When was your last cardiology visit? ____

______ Thyroid Problems

If so, how are they managed? ____

______ GERD/reflux

______ Fractures

List any in the last year: ____

______ Cancer (if so, please fill out "Cancer History" section of form)

______ Circulation Problems

______ Osteoporosis

______ Renal/Kidney Problems

______ Loss of sensation

______ Diverticulitis

______ Breathing Issues

______ Deep Vein Thrombosis/Blood Clot – if so, when: ________________________________

Please list any other medical problems. ____

____

Please list the medications you take on a daily basis. ____________________________________

____

Surgical History:

Please list any surgeries that you have had (include dates): _______________________________

____

____

Have you had any skin infections (such as cellulitis) in the past that required treatment, such as antibiotics? (circle) Y N

If so, please list: ____

Area of infection: ________________________________ Date: ____________________

Treatment: ____

Cancer History:

What type of cancer? ____

When were you diagnosed? ___________________________ Are you in remission? __________

Where are you/were you being treated? ____

What type of treatment have you had? ____

Please list procedures and dates: ____

____

____

If you have/had Breast Cancer, please fill out the following:

Did you have surgery? If yes, (circle) right left bilateral

Have you had a: (circle) lumpectomy mastectomy

Surgery Date: _______________________ # of lymph nodes removed _________

Have you undergone: (circle) radiation chemotherapy

To what area? ____

Allergies:

Do you have any allergies: (circle) Y N

If so, please list: ____

____

Pain:

On a scale from 0 (no pain) to 10 (pain so bad you should go to the hospital), please rate your pain in the affected limb:

Currently: _________ Worst: _________ Best: _________

Describe your pain: ____

What increases it? ____

What decreases it? ____

Social History:

Do you have someone who can help you with your therapy? ______________________________

Do you have someone who can attend a session and assist with bandaging? _________________

Do you currently work? ________________

Occupation? ____

Will you be able to continue to work with a limb bandaged? _______________________

Goals:

What activities are you unable to, or are having difficulty doing as a result of your swelling?

____

____

____

What are your goals for treatment?

1. ____
2. ____
3. ____
4. ____

Is there anything else we should know? ____

____

____

Signed: ____ **Date**: ___________________