



5410 Fredericksburg Rd., Suite 102
San Antonio, Texas 78229
(210) 702-3401 Fax (210) 702-3402

LYMPHEDEMA HISTORY

1. How long have you had swelling? _____
2. Did the swelling appear suddenly or gradually? _____
3. Have you been treated for cancer or a malignancy disease?

4. What type of the following lymphedema treatments have you received and when?
 - Medication: _____
 - Therapy: _____
 - Compression Garments: _____
 - Pneumatic Pump: _____
 - Surgery: _____
 - Other: _____
5. Please describe your subjective symptoms for the affected limb on a scale of 1 to 10, with **1 = non-existent** and **10 = most severe**.

Pain: _____ Redness/Discoloration: _____ Mobility: _____

Numbness: _____ Increased Temperature: _____ Loss of Sensation: _____
6. Have you ever had an infection in the limb? _____
7. Was the infection treated with antibiotics? _____ Oral: ____ Intravenous: ____
8. Have you recently noticed any changes in the skin? _____ Nails: _____

9. Are any areas of the limb noticeably harder than usual? _____

10. Do you have someone to help you with day-to-day functions at home?

11. Are you prepared to make a commitment to the treatment program explained to you by the therapist? _____

12. If you have a leg lymphedema the therapist will need to work on the upper medial aspect of your leg and buttock area. Are you willing to consent to treatment of these areas? Please circle and initial.

_____ Yes _____ No

I consent to LymphedemaMD of America, LLC contacting my referring medical doctor for further information or clarification on issues pertaining to my lymphedema or underlying conditions.

Name of Patient: _____

Signature: _____

Date: _____