



Lymphedema Intake

Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Phone Number/s: _____ Email: _____

Emergency Contact: _____

Self-Referred or Physician Referred: _____

Referring Physician & Contact Information: _____

Primary Care Physician & Contact Information: _____

Are you currently receiving occupation/physical therapy or home health services? If so, what for?

Please summarize reason for visit:

Do you live alone, or do you live with someone?

Home Environment: single or multi-level home/apartment/condo/assisted living/other

Occupation: _____

Do you Exercise? If so, please list type of exercise and frequency:

Do you experience any pain? If so, please list areas of body:

Medications &/or Vitamins, dosage, and reason for taking:

MEDICAL HISTORY

***The assessment of these issues is to assure that important aspects of your condition are addressed by the appropriate medical provider/s.**

Please include specifics on the following systems as it relates to you ("N/A" if not applicable to you):

Cancer Diagnosis & Date: _____

Cancer Treatment/s & Date: _____

Cardiac/Heart problems: _____



Respiratory/Lung problems:

Kidney problems:

Gastro-Intestinal problems:

Neurological problems:

Endocrine problems:

Autoimmune problems:

Arthritis:

Hearing or Vision problems:

Connective Tissue Disorder:

Infectious Disease (ie: Hepatitis/TB/AIDS):

Orthopedic concerns or past injuries:

Arterial or Venous problems:

History of wounds:

History of Blood Clot/Embolicism/Deep Vein Thrombosis:

Have you ever been treated for Cellulitis or Infection? (List Location and Date):

Surgical history; Procedure and Date



LYMPHEDEMA/LIPEDEMA/EDEMA HISTORY

Have you been diagnosed with, or experiencing symptoms associated to Lipedema? Please explain:

Have you been diagnosed with, or experiencing symptoms associated to Lymphedema? Please explain:

What part/parts of your body are you experiencing swelling?

Have you received lymphedema therapy or some type of therapy for your swelling in the past? Please explain:

What currently helps manage your swelling?

What seems to aggravate your swelling?

Have you used compression garments in the past; do you currently wear garments? Please list garment type, company, and compression rate (mmHg):

Do you currently use a pneumatic pump to help your swelling? Please list pump type and frequency of use:

OTHER INFORMATION

Do you have any friends or family that can help you with therapy if needed?

How do you learn best? Reading / Listening / Demonstration / Pictures / Other

What are your goals for therapy?

Do you have any other concerns you would like to share with me?
