

Associates in
General & Vascular Surgery

A Division of 21st Century Oncology, LLC

**Lymphedema
Questionnaire**

What is your main concern:

Are you currently receiving Home Health? YES or NO Are you currently receiving Occupational or Physical Therapy? YES or NO

Have you ever been diagnosed with cancer? _____ If no, skip to next section

What type? _____

Have you ever had Surgery, Chemotherapy or Radiation therapy for cancer? (list procedures and dates please,

Have you ever had lymph node removal? _____ Where? _____

How many? _____ How many positive? _____

Do you have any future cancer therapies scheduled? _____ Dates: _____

Do you have lower extremity swelling? _____

Have you been to a vascular doctor to assess your lower extremity circulation? _____

What studies were done?(dates) _____

Do you have heart disease, kidney disease, liver disease or diabetes? _____

Do you take a diuretic and do you know why? _____ For how long? _____? Is it effective? _____

Do you have any range of motion limitations (i.e. pulling, tightness or pain)?

Have you ever had infections or complications from surgery, treatments, or therapy (i.e. wound healing delay, seroma, infection or hematoma or blood clot)? _____

Do you have a pacemaker or a mediport? _____

Do you have any history of shoulder and/or neck problems (i.e. fall or auto injury)?

Do you experience any sensations such as hot/cold, tingling or numbness?

Do you experience pain or discomfort? Does it come and go or is it constant?

Is the swelling better in the morning or worse?

Describe the skin, is it hard, does it leave dents, do you have scars, is it dry, oozing fluid or do you have a rash?

Do you think anything triggered the swelling? _____

What is your primary occupation? _____

What are your hobbies? _____

Does this affect your daily activities(picking up, carrying, reaching, grasping, dressing, bathing, standing for extended time, walking difficulties, bending difficulties, sleeping difficulties, eating or swallowing) **Please be specific.**

Do you know any Lymphedema precautions? _____

Do you have a compression sleeve, stocking or pump? YES OR NO If so how long have you had it and how often do you use it?

PLEASE BRING GARMENTS WITH YOU TO ALL SCHEDULED APPOINTMENTS

Name _____ DOB _____ Date _____