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**Lymphoedema Referral Form Lymphoedema Provider:**

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | NHS No. |  |
| Address |  | Date of Birth |  |
| Home Telephone |  |
| Work Telephone |  |
| Email |  | Mobile Telephone |  |

|  |  |
| --- | --- |
| **GP Details:** | **Consultant Details:** |
| Referring Clinician |  | Consultant |  |
| GP Practice |  | Address |  |
| Address |  | Telephone |  |
| Telephone |  | Date of Referral |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required? | Yes  | [ ]   | No | [ ]   |  | Wheelchair access required? | Yes | [ ]  | No | [ ]  |
| Language:  |  |  |  |
| Communication & Accessibility Needs: | Hearing:  | Learning Disability: |  |
| Vision:  | Other Disability: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

|  |  |  |
| --- | --- | --- |
| Reason for referral | ☑ | Duration of symptom |
| Swelling | [ ]  |  |
| Heaviness | [ ]  |  |
| Numbness/tingling/altered sensation | [ ]  |  |
| Pain | [ ]  |  |
| History of cellulitis | [ ]  |  |
| Lymphorrhoea (leakage of lymph) fluid | [ ]  |  |
| Hyperkeratosis (hardening of the skin) | [ ]  |  |
| Papillomatosis (wart growths) | [ ]  |  |
| Lymphoedema secondary to cancer treatment | [ ]  |  |
| Lymphoedema secondary to limb dependency/immobility | [ ]  |  |
| Lymphoedema secondary to venous disease | [ ]  |  |
| Other – please specify | [ ]  |  |

****

S = Swelling

 C = Cellulitis

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| --- |
| **Medical History:** |
|  | Diagnosis (with dates if known) |  | Diagnosis (with dates if known) |
| Heart failure | [ ]  |  | Rheumatoid arthritis (joint problems) | [ ]  |  |
| Renal failure | [ ]  |  | Obesity | [ ]  |  |
| Hypertension | [ ]  |  | Chronic skin disorder  | [ ]  |  |
| DVT (within last 6 months) | [ ]  |  | Venous/peripheral vascular disease | [ ]  |  |
| Cellulitis/inflammation | [ ]  |  | SVC Obstruction | [ ]  |  |
| Thyroid disease | [ ]  |  | Lymphorrhoea | [ ]  |  |
| Psychiatric disorder (please state) | [ ]  |  | Hemiplegia | [ ]  |  |
| Mobility problems | [ ]  |  | IDDMNIDDM | [ ]  |  |
| [ ]  |
| Other (please state):       |

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| **Medication list:** |
| **RISK MANAGEMENT CONCERNS (are there any safety or security issues involved in seeing this patient?)** |
| BMI:  |
| Alerts (MRSA/Tissue viability/manual handling concerns):  |
| Allergies (Drug allergies/skin sensitivities/latex allergies):  |
| Other:  |

**MULTI-DISCIPLINARY SERVICES INVOLVED**

|  |  |
| --- | --- |
| Practice nurse/district nurseName:  | Other Name:  |
| Team:  |  | Team:  |
| Address:  | Address:  |
| Telephone:  | Telephone:  |
| Additional comments |

**SUPPORT INVOLVED**

|  |  |
| --- | --- |
| Next of kinName:  | Main carerName:  |
| Address:  | Address:  |
| Telephone:  | Telephone:  |

**DETAILS OF REFFERER**

|  |  |
| --- | --- |
| Name:  | Job title:  |
| Location/department: | Address:  |
| Telephone:  |  |
| Signature:  | Date:  |

Please make appointments via e-RS. For advice, you can contact the Vascular Nurse Co-ordinator in Salisbury during office hours on: 01722 336262 x 4937 or bleep 1112.