



Healing The Generations, Inc.

"A Strictly Hands-On Therapy Services Provider for Children and Adults"

Lymphedema Questionnaire

Name: _____ Date: _____

For how long have you had lymphedema? _____

Have you ever had any lymphedema infections? _____

Do you ever leak fluid? No / Yes; where: _____

Do you take prophylactic antibiotics? _____

Do you take diuretics for lymphedema? No / Yes Do you take benzopyrones for lymphedema? No / Yes

Do you take any other drugs for lymphedema? _____

Does anyone in your family have lymphedema? _____

Which extremity has lymphedema? Left Arm ___ Right Arm ___ Left Leg ___ Right Leg ___

Have you had prior treatment for lymphedema? Surgery ___ Compression Garment ___

Antibiotics ___ Pneumatic Pump ___ Manual Lymph Drainage ___

Do you have Bronchial Asthma? No / Yes Do you have Hypertension? No / Yes

Do you have Diabetes? Yes / No Do you have allergies? No / Yes: list _____

Do you have any cardiac problems? No / Yes; _____

Do you have any kidney problems? No / Yes; _____

Do you have any circulatory problems? No / Yes; _____

What medication(s) are you currently taking? _____

Have you ever had radiation therapy? No / Yes Have you ever received chemotherapy? No / Yes

What operation(s) have you had? _____

What is your living situation: single / married / partner

Do you have help at home? No / Yes Do you have transportation to/from our clinic? No / Yes

List some of your hobbies: _____

What kind of work do you do? _____

Do you take a shower or a bath? _____

Which physician referred you to our facility? Name: _____ Phone: _____

Can we write to or discuss your lymphedema problem with this physician? No / Yes

Are you planning to travel by airplane any time soon? No / Yes; when and where: _____

What are some of your personal goals? _____

Any other problems: _____

Treatments at our office are on a daily basis Monday through Friday. They consist of:

- a) Manual Lymph Drainage
b) Skin Care
c) Exercises
d) Bandages to be worn for 24 hours till your next day appointment.

Are you prepared to follow such a program? No / Yes

In the Second Phase of this program you will have to wear your elastic garment during the day and bandage your limb overnight. An alternative for night bandages is available.

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Physical Therapy Speech Therapy Occupational Therapy Massage Therapy

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