

Gloucestershire Lymphoedema Service REFERRAL FORM

PATIENT DETAILS

Name:

Address:

Post Code: Tel No:

Date Of Birth:

General Practitioner:

Practice Address:

Gp Telephone Number:

D/N Involved: Yes £ No £

Consultants:

Hospital Number:

AREA AND EXTENT OF SWELLING

DIAGNOSIS AND TREATMENT DETAILS

(Please state whether the patient has had any surgery, chemotherapy, radiotherapy or hormone therapy)

LYMPH NODE STATUS

Axilla Clearance (please state how many nodes removed and status, positive or negative)

| | | |
|-----------|---|-------|
| Level I | £ | |
| Level II | £ | |
| Level III | £ | |

Groin node dissection (please state how many nodes removed and status, positive or negative)

| | | | | |
|------|---|-------|---|-------|
| Left | £ | Right | £ | |
|------|---|-------|---|-------|

Lymphadenopathy (state region)

| | | | | |
|-------------------------------|-----|---|----|---|
| Regional skin involvement | Yes | £ | No | £ |
| Local recurrence | Yes | £ | No | £ |
| Distant metastases | Yes | £ | No | £ |
| Lymphorrhoea | Yes | £ | No | £ |
| An acute inflammatory episode | Yes | £ | No | £ |

