

Visit Date: _____

Lymphedema Assessment

Patient Name: Tracy Logelin

DOB: 10/11/1970

Diagnosis

- ☒ I89.0 Secondary Lymphedema
☒ Q82.0 Hereditary Lymphedema
☐ I97.2 Post Mastectomy Lymphedema
☐ Lipedema

Past medical history

Onset of lymphedema? 2014
Family History of Lymphedema? ☒ Y ☐ N
Prior Cancer Treatment ☐ Y ☒ N

Surgery NA - has had vein surgery

Physical Exam

Symptoms / Skin condition (check all that apply)

- ☒ Edema ☐ Wounds ☐ Weeping ☐ Blisters ☒ Heaviness ☒ Pain ☐ Hyperkeratosis ☒ Hyperplasia
☐ Hyperpigmentation ☐ Elephantiasis ☐ Lymphorrhea ☐ Papillomatosis cutis lymphostatica

Severity

- ☐ Brawny ☒ Non-Pitting ☐ Fibrotic Pitting: ☐ +1 ☐ +2 ☐ +3 ☐ +4 ☒ Stage I ☐ Stage II ☐ Stage III
☐ Other _____

Areas Affected

- ☒ Right Lower Extremity ☒ Left Lower Extremity ☒ Abdomen ☐ Trunk ☐ Genitals
☒ Right Upper Extremity ☒ Left Upper Extremity ☐ Chest ☐ Other _____

Treatments to Date (check all that apply)

Start of treatment 10.25.2013

- ☒ Elevation of extremity
☒ Exercise / ROM / calf pump _____
☒ Complete Decongestive Therapy / MLD
☒ Compression / type Manual Massage
☐ Use of a Basic Pneumatic Compression Pump

Outcome of Treatments

Do significant symptoms remain? ☐ Y ☐ N

Treatment Plan

- ☐ Compression, type _____
☐ Regular elevation of extremity
☐ Regular exercise, perform ROM / calf pump exercise
☐ Other _____
☐ Lympha Press® (requires a failed 4-week trial of conservative treatments)

Assessment Completed by: _____

Signature: _____

Date: _____