

Lymphedema Screening Test

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have had swelling in part of my arm or leg, or in my entire arm or leg (including fingers and toes) for a very long time or since even birth. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have acquired swelling in an area that just won't go away. |
| <input type="checkbox"/> | <input type="checkbox"/> | My skin weeps (fluid pushes out through my skin). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a feeling of heaviness or tightness in my arm or leg. |
| <input type="checkbox"/> | <input type="checkbox"/> | I had breast cancer. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have wounds that won't heal because I'm swollen. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have recurring infections in my affected arm or leg. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a hardening and thickening of the skin on my arm or leg. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an aching or discomfort in my arm or leg. |
| <input type="checkbox"/> | <input type="checkbox"/> | I had an injury and my limb remains swollen. |
| <input type="checkbox"/> | <input type="checkbox"/> | My swelling persists even when I wake up in the morning. |



If you checked yes to one of more of these questions, you may have Lymphedema.

Please print this page and call our office to schedule your free Lymphedema Screening.