UNITED Physical Therapy LLC

Patient Information
Lymphedema Addendum

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History of Swelling

1) ***When*** did you first notice your swelling? _____
2) ***Where*** did you first notice your swelling? _____
3) ***Why*** did you first notice your swelling? _____
4) Did your swelling result from something such as an injury, illness, surgical procedure or trauma?

5) What difficulties do you have because of your swelling?

	Yes	No		Yes	No
Dressing	☐	☐	Tightness in sleeves	☐	☐
Shoes	☐	☐	Ulcers	☐	☐
Socks	☐	☐	Weeping	☐	☐
Clothes	☐	☐	Pain/heaviness	☐	☐

6) Have you had any infections in the swollen region? Yes ☐ No ☐
7) How many infections have you had in the swollen region? _____
8) Does the swelling go away with the elevation of the limb? Yes ☐ No ☐
9) Does the swelling go away completely by morning? Yes ☐ No ☐
10) Have you had treatment for your swelling before? Yes ☐ No ☐
11) ***What*** kind of treatment? _____
12) ***Where*** did you have it? _____
13) The date(s) you had it? _____
12) Have you had a compression garment for your swelling? Yes ☐ No ☐

Your Medical History:

1) Do you have active cancer? Yes ☐ No ☐
2) Have you had cancer? Yes ☐ No ☐
3) Have you had a reoccurrence of cancer? Yes ☐ No ☐
4) Have you had chemotherapy for your cancer? Yes ☐ No ☐ Number_____
5) Have you had radiation therapy for your cancer? Yes ☐ No ☐ Number_____
6) Have you had surgery for your cancer? Yes ☐ No ☐
7) Have you had unexplained weight loss? Yes ☐ No ☐
8) Do you have any lumps or swollen glands? Yes ☐ No ☐

For leg swelling:
1) Have you had a venous Doppler in standing? Yes ☐ No ☐ Date_____
2) Have you had a venous Doppler lying down? Yes ☐ No ☐ Date_____

Please turn page over ***

Medical History (Continued)

Do you have, or have you had, any of these conditions?	Yes	No
1) Congestive Heart Failure	☐	☐
2) Psoriatic Arthritis	☐	☐
3) Thyroid Problems	☐	☐
4) Kidney Problems	☐	☐
5) Blood Clots	☐	☐
6) Bruise easily	☐	☐
7) Recent changes in weight or body shape	☐	☐

Medical History (Congenital)

Do you have or have you had any of these conditions?	Yes	No
1) Toes not completely separated (webbed)	☐	☐
2) Eyelash surgery for extra eyelashes	☐	☐
3) Yellow nails	☐	☐
4) Abnormalities of the spine from birth	☐	☐
5) Hearing loss from birth	☐	☐
6) Cleft Palate	☐	☐
7) Varicose Veins	☐	☐
8) Port wine hemangiomas (strawberry marks)	☐	☐

Travel History/Plans

	Yes	No	
1) Have you been out of the country?	☐	☐	Where?_____
2) Have you been in an airplane?	☐	☐	
3) Do you have travel plans?	☐	☐	

Family History

	Yes	No
1) Does any family member have any swelling problems?	☐	☐
Who?_____ Where?_____		
Who?_____ Where?_____		
2) Does any family member have varicose veins?	☐	☐
Who?_____ Where?_____		
Who?_____ Where?_____		