**Screening for Lymphedema**

Does the patient have a history of cellulitis? [ ] Yes [ ] No

Does the patient’s limb/head/neck/genitalia have a sense of heaviness? [ ] Yes [ ] No

If the patient elevates their limb, is the swelling still noticeable? [ ] Yes [ ] No

Are there skin changes in the area that has swelling? [ ] Yes [ ] No

Swelling in their limb/head/neck/face/abdomen/genitalia? [ ] Yes [ ] No

Does the patient have a prescription for a diuretic with no decrease in swelling? [ ] Yes [ ] No

Does the patient complain of clothing/shoes not fitting properly? too tight? [ ] Yes [ ] No

Does the patient have weeping dermatosis with/without observable cause? [ ] Yes [ ] No

Has the patient been diagnosed with cancer? Received treatment for cancer? [ ] Yes [ ] No

**If the patient/caregiver answers YES to any of these questions, a lymphedema evaluation is recommended. A certified lymphedema therapist will perform an in-depth assessment.**

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_