



Lymphoedema Service Referral Form

Service for patients with lymphoedema secondary to cancer only

CHRISTIE MAIN SITE BEECHWOOD CCC BOLTON HOSPICE

Please tick where you would like the patient to be seen.

Patient's Name: _____ G.P Name: _____

Hospital Number: _____ Address: _____

Date of Birth: _____

Address: _____

Tel no: _____

Tel no: Home: _____

Work: _____

Consultant: _____ Referred by: _____

Cancer Diagnosis: _____

REASON FOR REFERRAL

Lymphoedema in Arm Head & Neck Breast

Leg Genital

Recent episode of cellulitis? Yes No Date: _____

Is lymphoedema secondary to advanced disease? Yes No

If yes details _____

Has a DVT been excluded? Yes No

Details of previous cancer treatment: _____

PLEASE COMPLETE BOTH SIDES OF THE FORM. INCOMPLETE FORMS WILL BE RETURNED WITHOUT THE PATIENT BEING ADDED TO THE WAITING LIST.

Past Medical History:

Drug History:

Social History:

Service Referral Criteria

- **Lymphoedema secondary to cancer**
- Other causes of lymphedema need to be excluded prior to referral to the service eg. DVT, vascular problems, cardiac or renal problems.
- Swelling related to chemotherapy/drug therapy is not covered by the lymphoedema service

The service at Beechwood Cancer Centre and Bolton Hospice are Key Worker level only. Therefore referrals are accepted for patients with mild to moderate lymphoedema, affecting one limb only.

People with swelling of bilateral limbs, genitals, trunk, breast or head and neck region will only be seen by Specialist Therapists at The Christie main site.

Please send your completed form to The Christie irrespective of where you wish the patient to be seen and they will be triaged.

PLEASE SEND TO

**Paula Williams, Lymphoedema Specialist or Julie Kenyon, Lymphoedema Specialist
The Christie, Rehabilitation Unit, Wilmslow Road, Manchester, M20 4BX.
Tel: 0161 446 3795 Fax: 0161 446 8151**