**Lymphoedema Referral Form**

Email completed form to: Lymphoedemapwh@nhs.net or forward in the post to

The Prince of Wales Hospice, Halfpenny Lane, Pontefract, WF8 4BG

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| **All the information requested below is essential to allow us to process this referral**  If the requested details are not provided, the form will be returned back to the referrer for further clarification before the first appointment is offered. |

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| Date of Referral: | | | |
| **Patient Details** | | | |
| Name of Patient: | | | |
| NHS No: | | Date of Birth: | |
| Address:  Post Code: | | | |
| Telephone Number: | | Mobile Number: | |
| NoK Details: | | | |
| Ethnic Origin: | | Religion: | |
| Is an Interpreter required? Y / N | | If Yes, please specify language: | |
| GP Name: | | GP Surgery Address: | |
| **Referrer Details** | | | |
| Name of Referrer: | | Title: | |
| Practice/Hospital: | | Telephone Number: | |
| Consultant: | | Contact Number: | |
| **Past Medical History** | | | |
|  | | | |
| Medication: (list can be attached) | | | |
| Height: | Weight: | | BMI: |
| **Lymphoedema History** | | | |
| Area of swelling: | | Duration: | |
| Severity of Swelling: | | Mild | |
| Moderate excess swelling stable) | |
| Palliative | |
| Severe (restricted function, fibrotic tissues, distorted limb shape) | |
| Referrals **will not** be accepted if patients have leg ulcers or leaking legs. Please refer these patients to community services input in order that skin integrity can be restored prior to a Lymphoedema referral being made | | | |
| **Referral Criteria** | | | |
| * Swelling secondary to cancer/cancer treatment   Diagnosis: | | Date of Diagnosis:  Details: | |
| Surgery Y N N/A | |  | |
| Radiotherapy Y N N/A | |  | |
| Chemotherapy Y N N/A | |  | |
| Nodes removed Y N N/A | | Nodes positive | |
| Advanced diseased at referral Y N | |  | |
| * Swelling secondary to recurrent infection (cellulitis). | | Please provide dates of episodes: | |
| NB: If patients have had 2 or more episodes in any 12 month period, it is best practice to commence prophylactic antibiotics as per **‘Consensus document on the management of cellulitis in Lymphoedema’.**  Is the patient on prophylactic antibiotics Y N  **If the patient does not meet any of the above criteria, a referral to Mr Hossain (Vascular Surgeon) would be more appropriate for a confirmed diagnosis. He will then refer the patient to the Lymphoedema clinic if a diagnosis of Lymphoedema has been made.** | | | |