**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** |
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| 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.** |