

Lymphoedema Services Referral Form



Lewis-Manning
Hospice Care

Post to: Lymphoedema Clinic, Lewis-Manning Hospice Care, 56, Longfleet Road, Poole, Dorset, BH15 2JD
 Online Portal: admissions.lewismanning@nhs.net
 This referral form can be downloaded from the website: www.lewis-manning.co.uk

PATIENT INFORMATION		
Patient's Name	Patient's Address with Post Code	Telephone Number
Current location of Patient		Date of Birth
		Patient aware of referral Yes <input type="checkbox"/> No <input type="checkbox"/>
PATIENT'S GP AND SURGERY Tel: GP aware of referral Y N		OTHERS INVOLVED <ul style="list-style-type: none"> • Hospital Consultant(s) • District Nurses • Specialist Nurses
SOCIAL HISTORY MENTAL HEALTH Problems N Y MENTAL CAPACITY N Y MOBILITY ISSUES N Y		
DIAGNOSIS: Date of Surgery and treatment:	Patient aware: Y N Patient aware of end of life stage (when appropriate) Y N	
LYMPHOEDEMA HISTORY Area of swelling: severity: duration:		
Signs of Infection	Y N	Treatment
Venous or Arterial insufficiency	Y N	?ABPI completed
Has Thrombosis been excluded?	Y N	Treatment
Any other comments:		
Name and Signature of Referrer:		Date: