

Lymphoedema Referral Form

Please note that the entire form must be completed

Details of Illness

(please attach all relevant information e.g. letters, annotations, medications list)

Patient's details

Surname:

First name(s):

Date of birth: / /

NHS number:

Address:

GP name:

GP phone number:

GP surgery:

Is the patient housebound requiring a Home Visit?

☐

Yes

☐

No

Has the patient consented to the referral?

☐

Yes

☐

No

Clinical history/location of swelling:

Referrer's details (if different to above)

Name:

Designation:

Phone number:

Date of referral: / /

Reason for referral

Cancer

☐

Yes

☐

No (See section 1)

Non-cancer

☐

Yes

☐

No (See Section 2)

Section 1

Cancer details

Is the disease inactive:

Yes

No

Diagnosis:

Date: / /

Surgery:

Date: / /

Chemotherapy:

Approximate Date: / /

Radiotherapy:

Approximate Date: / /

Section 2

Non-cancer details

Please note we do not complete Doppler assessment. These should be completed before referral to our lymphoedema service.

1. Is there any evidence of arterial compromise? ☐ Yes ☐ No
If yes, please refer to a vascular specialist and attach any documentation
ABPI right = left = Date taken: / /
2. Current BMI:
If above 40, please refer to a weight management programme as lymphoedema treatment alone is likely to be ineffective in this patient group (British Lymphology Society's guidelines, October 2015)
3. Does the patient have wounds/ulcers/maceration ☐ Yes ☐ No
If yes, please refer to District Nurse/Practice Nurses/Tissue Viability/dermatology as we are not a wet leg or wound service
4. Does the patient have a history of cardiac/renal failure? ☐ Yes ☐ No
If yes, please consider referral to a specialist as we would not see patients with uncontrolled disease. Please attach any relevant documentation
5. Is the patient able to apply compression garments independently? ☐ Yes ☐ No
If no, please ensure carers are in place to assist with this

Please email with PMH/medication records and any relevant clinical correspondence to stch.clinical.admin@nhs.net

Please note this is not a secure email address. It is the responsibility of the referrer to ensure appropriate measures are in place.

Children and out of area patients can be seen by St Catherine's lymphoedema service, however funding would need to be agreed by their local clinical commissioning group before we are able to assess the patient.



Referral criteria for the lymphoedema service

Indications for referral

Chronic swelling linked to predisposing factors:

- Trauma and tissue damage eg lymph node dissection, radiotherapy, vein surgery
- Malignant Disease
- Venous Disease eg recurrent ulceration, post DVT
- Infection eg recurrent cellulitis, filariasis
- Inflammation eg RA, psoriatic arthritis
- Dependency-related swelling
- Primary eg hereditary, congenital syndrome

Exclusion criteria

- Post-op swelling eg up to 6 weeks post-surgery
- Uncontrolled cardiac/renal failure
- Superior Vena Cava Obstruction (SVCO)
- Severe vascular insufficiency
- Acute DVT

Please consider:

If onset of swelling is sudden, exclude presence of thrombosis or recurrent/advancing disease and initiate appropriate action

Patients who currently have cellulitis, please refer to the BLS guidelines for management of cellulitis at:

www.wwl.nhs.uk/media/community-pdfs/BLS-cellulitis-guidelines.pdf

