



Lymphedema Patient Questionnaire

Name: _____

Date: _____

1. How long have you had lymphedema? _____
2. Have you ever had any lymphedema infections? _____
3. Do you ever leak fluid? _____
4. Do you take prophylactic antibiotics? _____
5. Do you take benzopyrones for lymphedema? _____
6. Do you take diuretics for lymphedema? _____
7. Do you take any other drugs for lymphedema? _____
8. Does anyone in your family have lymphedema? _____
9. Which extremity has lymphedema? (check all that apply)

Left arm _____ Left leg _____
Right arm _____ Right leg _____

10. Have you ever had treatment for lymphedema? (check all that apply)

Surgery _____ Compression Pump) _____
Antibiotics _____ Compression garment _____
Manual Lymph Drainage _____ Massage _____
Alternative Treatment _____

11. Do you have any of the following conditions? (check all that apply)

High Blood Pressure _____ Allergies _____
Diabetes _____ Bronchial Asthma _____
Heart problems _____ Kidney problems _____
Circulatory problems _____

12. What medications are you currently taking? _____

13. Have you ever received radiation therapy? _____

14. Have you ever received chemotherapy? _____

15. What operation(s) have you had? _____

16. Do you have pain anywhere? _____ Explain: _____

17. If you are treated at this office, you may be asked to follow a maintenance program at home.

This may consist of:

- a. a. Compression sleeve or stocking worn during the day
- b. b. Bandaging the limb or use of other forms of compression overnight
- c. c. Meticulous skin care to avoid infections
- d. d. Exercises to accelerate lymph flow

Are you prepared to follow such a program? _____