

LYMPHOEDEMA CLINIC REFERRAL FORM



Lewis-Manning
Hospice Care

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

PATIENT INFORMATION				
Patient's Name		Patient's Address with Postcode		Telephone Number
Current location of Patient:				Date of Birth:
				Patient aware of referral: Y N
PATIENT'S GP AND SURGERY Tel: GP aware of referral: Y N			OTHERS INVOLVED • Hospital Consultant(s) • District Nurses • Specialist Nurses	
SOCIAL HISTORY MENTAL HEALTH Problems Y N MENTAL CAPACITY Y N MOBILITY ISSUES Y N				
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: