

Maggie's at the Cancerkin Centre Lymphoedema Clinic referral form

Please note that the Lymphoedema Clinic will not treat patients with a BMI over 25. Overweight and obese patients will be educated in self-management of their lymphoedema and encouraged to lose weight.

Please write clearly in BLOCK CAPITALS, complete every field and ensure that it is signed by the consultant or CNS. Send by first class post (please **not** by fax) to: *The Lymphoedema Therapist, Maggie's at the Cancerkin Centre, Royal Free Hospital, Pond Street, London NW3 2QG.*

From **breast cancer consultant** or **CNS** (name and title):.....

Telephone and bleep number:.....

Specialism (please circle): Breast surgery/oncology/radiotherapy.....Hospital:

Patient's surname:	Title:	First name:
Hospital number:	DOB:	Sex: M/F

Address:

Telephone 1 (please circle): Home/mobile/work.....

Telephone 2 (please circle): Home/mobile/work.....

Email:

GP name:

Address:

Telephone(s):

Patient's history

Please note: the Clinic only accepts patients with breast cancer-related lymphoedema.

Lymphoedema site (please circle): Right/left/bilateral

Date of breast cancer diagnosis:.....

Severity (please circle): Mild/moderate/severe

Date of recurrence (if any):.....

Surgery 1 (please circle): Total mastectomy/partial mastectomy/breast reconstruction

Axilla: sentinel node biopsy/sampling/clearance

Date:.....

Surgery 2 (please circle): Total mastectomy/partial mastectomy/breast reconstruction

Axilla: sentinel node biopsy/sampling/clearance

Date:.....

Radiotherapy: YES/NO Date(s):.....

Site (please circle): breast/chest wall/axilla/supra clavicular/internal mammary

Chemotherapy: YES/NO Date(s):..... **Hormone therapy:** YES/NO Date(s):.....

Previous lymphoedema treatment:

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Other medical conditions: cellulitis/vascular disease/thrombosis/diabetes/HIV/obesity/other (please state)

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Please see this patient for assessment and appropriate treatment.

Signed (consultant or CNS):.....

Name:

Date: