**Hospital Street Doctors Lymphoedema clinic**

**Referral Form**

**Email this form to: lymph.care@hospitalstreetdoctors.com.au**

Urgent referrals please phone: 02 60561166 and ask to speak with Dr. Pushkara Epa

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| **Referrer Details** |
| Name: Practice Name: Practice Address: Phone: Email:  |
| **Patient Details** |
| Name: Date of Birth: Address: Best contact phone: Email: Interpreter Required: □ No □ Yes - Language: Medicare No:Expiry date:Commonwealth Pension/healthcare card No: Private Health Insurance: TAC/Work Cover: □ Yes □ No |
| **Reason for Referral**  |
| **Past Medical History (please attach health summary)** |
| **Relevant Medical History**☐ Pitting oedema ☐ Non-pitting oedema☐ Smoker ☐ Non-SmokerWeight: \_\_\_\_\_\_\_kg Height: \_\_\_\_\_\_\_cm \***NB: Referrals without this information cannot be triaged****Prior cancer/s (include type & diagnosis date):****Prior treatment for cancer (surgery/chemotherapy/radiotherapy/hormone therapy) including hospital/doctor details & dates:****Previous treatment for lymphoedema**Type of treatment:Practitioners:**Current problems/issues related to lymphoedema**☐ Swelling ☐ Ache ☐ Infection ☐ Impaired function ☐ Other: |
| **Current Medications and Dosage ( please include in health summary)** |
| **Allergies** |
| **Relevant investigations – please attach results to avoid delays in care for patient**1. Blood test results: U&E, LFT, FBE, TSH, CRP, HbA1c (required for all patients)
2. Recent letter from Oncologist/Surgeon from last 12 months (if relevant)
3. Anatomical pathology from prior cancer-related surgery (if relevant)
4. Duplex scan from last 6 months (for patients with lower limb oedema only)
5. Ultrasound scan (required for scrotal/genital oedema)

**For patients with history of cancer and recent onset of lymphoedema (within last 6 months) – please refer back to Oncologist/Surgeon to exclude recurrence**  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_