

HOSPITAL STREET DOCTORS

Lymphoedema Clinic – Referral Form



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

Urgent referrals please phone: 02 6056 1166

Referrer Details

Name: _____

Practice Name: _____

Practice Address: _____

Phone: _____ Email: _____

Patient Details

Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Medicare Number: _____ IRN No.: _____ Expiry: _____ / _____

Health Care Card number: _____ Expiry: _____ / _____

Private Health Insurance: _____

TAC/WorkCover: (please circle) Y/N

Interpreter Required (please circle) Y/N If yes state language: _____

Reason for Referral: _____

Past Medical History: (please attach health summary) _____

Relevant Medical History (please tick if relevant)

☐	Pitting Oedema	☐	Non Pitting Oedema
☐	Smoker	☐	No Smoker

Weight: _____ kg Height: _____ cm ***NB: Referrals without this information cannot be triaged**

Prior cancer/s (including type and diagnosis date): _____

Prior treatment for cancer (surgery/chemotherapy/radiotherapy/hormone therapy) including hospital/doctor details and dates:

Previous treatment for lymphoedema

Type of treatment: _____

Practitioners: _____

Current problems/issues related to lymphoedema (please tick if relevant)

	Swelling		Ache
	Infection		Impaired Function
	Other		

Current Medications and Dosage (please include in health summary)

1	
2	
3	
4	
5	

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: _____