

# Lymphedema History

*In case of swelling, please fill out below:*

History of Lymphedema: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Duration of Swelling: \_\_\_\_\_

Does swelling improve at night?  Yes  No

History of Cancer?  Yes  No

If yes, describe course of treatment and dates (i.e. surgery, chemotherapy, radiation treatment).

History of recurrence? Describe all surgeries:

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History of infections? Describe:

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Use of Compression Garments?  Yes  No

Compression Class? \_\_\_\_\_

Day-time garments? \_\_\_\_\_

Night-time Devices/Bandaging? \_\_\_\_\_

Previous Lymphedema Treatment? If yes, where and when?

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Any other information that may be helpful for Doris to know that may relate to health condition:

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