

Lymphoedema Therapy

Patient NameDOB

Address..... Ph Number.....

Diagnosis/Surgery Details

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Therapy Requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Lymphoedema Education & Prevention Strategies | <input type="checkbox"/> Compression Garment Prescription & Fitting | <input type="checkbox"/> Oedema & Vascular Management |
| <input type="checkbox"/> Manual Lymphatic Drainage | <input type="checkbox"/> Bandaging Schedule | <input type="checkbox"/> Lymphoedema Monitoring |
| | <input type="checkbox"/> Scar Management | <input type="checkbox"/> Other..... |

Therapy / Rehabilitation Instructions / Precautions

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Referred by:..... Provider No:..... Date:

Courts Corner Arcade
142 Nebo Rd Mackay QLD 4740

P: [07] 4942 7576 | F: [07] 4863 1261



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