

Lymphoedema assessment form

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
2. Only applications that have been completed by Healthcare Professionals will be accepted.
3. Send the completed and signed form, with photographs by e-mail to oncology@bankmed.co.za.

1. Principal member details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

2. Patient details (to be completed by the patient or the member)

Title	<input type="text"/>	Initial(s)	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
Membership number	<input type="text"/>		
ID or passport number	<input type="text"/>		
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
E-mail	<input type="text"/>		
Relationship to Principal Member	<input type="text"/>		

3. Clinical information

Current symptoms	<input type="text"/>		
Primary	<input type="checkbox"/>	Secondary	<input type="checkbox"/>
Cancer status	Active	<input type="checkbox"/>	
	Remission	<input type="checkbox"/>	
	Recurrent	<input type="checkbox"/>	
Disease	Venous	<input type="checkbox"/>	
	Arterial	<input type="checkbox"/>	
	Neurological	<input type="checkbox"/>	

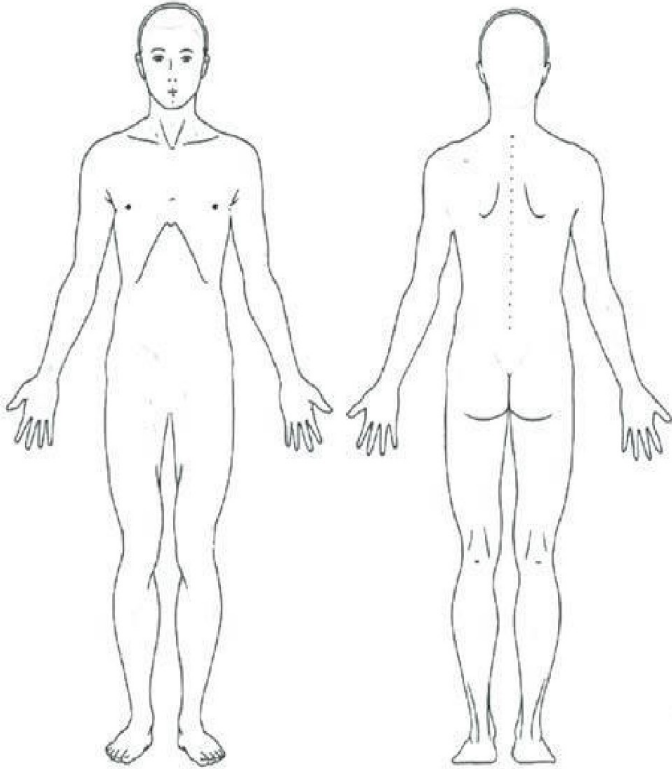
Treatment type Radiotherapy

 Chemotherapy

 Hormonal therapy

Current location of swelling

Swelling Pitting Tissue thickening



Limb circumference measurements

	Upper limb		Lower limb	
	R	L	R	L
Hand/foot circumference (cm)				
Starting point (cm)				
Above elbow/knee (cm)				
Below elbow/knee (cm)				
Total limb volume (ml)				

Distal volume (ml)				
Proximal volume (ml)				
Distal:proximal ratio				
Excess total limb volume (ml and %)				
Excess distal limb volume (ml and %)				
Excess proximal limb volume (ml and %)				

4. Medical information and past history. Please provide details on the following

Surgery	
Axillary clearance/sentinel node biopsy/nodes removed/number of + nodes	
Family history	
Current medication	
Existing conditions and co-morbidities (please include skin conditions)	
Previous lymphoedema treatment and duration (please include details on self-management)	

5. Proposed treatment

Lymphoedema therapist																	
Practice number																	
Staging																	
Date of staging	D	D	M	M	Y	Y	Y	Y	Treatment start date	D	D	M	M	Y	Y	Y	Y

6. Initial visit

Requested Code	Cost	Frequency	Motivation

7. Treatment

Duration of proposed treatment			
Requested Code	Cost	Frequency	Motivation

8. Garments and bandages

NAPPI Code	Cost	Quantity	Motivation

9. Total proposed treatment

Initial visit	
Treatment	
Garments and bandages	
Total	

Healthcare Professional's signature

Date