

Lymphoedema Wales Clinical Network Children and Young People Referral Form

Please complete all sections where possible, using BLOCK CAPITALS or typed font.

Patient Information		
1	Title & Full Name	
	Date of Birth (DD/MM/YYYY)	
	NHS Number	
	Address	
	Protected Address	☐ Yes ☐ No
	Telephone	
	Email	
	Health Visitor (if applicable)	
	School/College (if applicable)	
	Preferred Language	☐ Welsh ☐ English
	Is the patient an inpatient?	☐ Yes (specify location) ☐ No
	Does the patient have Advanced Disease?*	☐ Yes ☐ No

* Advanced Disease is described as people who are at the end stage of life regardless of cause

Parent or Guardian		
2	Title & Full Name	
	Date of Birth	
	Address	
	Telephone/Mobile	
	Email	
	Relationship to patient	
	Preferred Language	☐ Welsh ☐ English ☐ Other
	Interpreter needed?	☐ Yes (specify) ☐ No
	Safeguarding Concerns	☐ Current ☐ Previous ☐ Never
	<i>*If Current/Previous please detail in background information below.</i>	

General Practitioner Details		
3	GP Name	
	Telephone/Mobile	
	Email	
	Surgery Address	

Referrer Details		
4	Name	
	Role	
	Telephone/Mobile	
	Email	
	Referral Date	

Education Films

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Visit www.medic.video/w-lymph and <https://pocketmedic.org/lymph-elearning> or use the QR code.

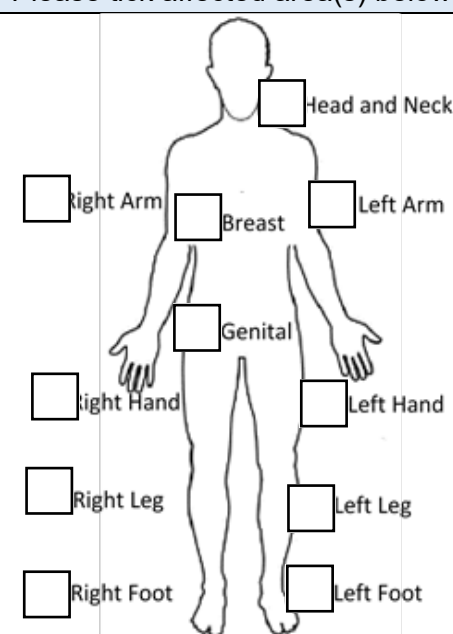
If you require education on lymphoedema please contact Lymphoedema Wales Clinical Network on 01639 862767 or SBU.LWCNEducation@wales.nhs.uk



Lymphoedema /Vascular History

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Please tick affected area(s) below.



Duration of swelling/vascular malformation (if applicable)

Current problem/reason for referral

Does the patient have any wounds?

☐ Yes (specify)

☐ No

Does the patient have lymphorrhoea (leaking)?

☐ Yes (specify)

☐ No

*Background Information (Please also attach GP patient summary if available.)

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Include information on relevant medical conditions; learning difficulties, mobility restrictions, safeguarding, etc.

OFFICE USE ONLY

☐ Advanced

☐ Routine

Please return completed referral form to LymphoedemaNetworkWales@wales.nhs.uk

For enquiries, please phone 01639 862767