Lymphoedema Wales Clinical Network Adult Referral/Self -Referral Form

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

1	Patient Information	
	Title & Full Name	
	Date of Birth (DD/MM/YYYY)	
	NHS Number (find your NHS number at www.nhs.uk)	
	Address	
	Telephone	
	Email	

2	GP Details	
	GP Name	
	Telephone	
	Surgery Address	

3	Lymphoedema History								
	Please tick area(s) of swelling								
	Site:	☐ Right Arm	☐ Left Arm	☐ Right Leg	☐ Left Leg	☐ Genital	☐ Breast/ Trunk	☐ Head/ Neck	☐Abdomen
	When did swelling start?								
	Current problem/ reason for referral/self-referral								
	Are wounds present? ☐ Yes (Where? How Long?)								☐ No
	Is there any leaking of fluid from the swollen area (lymphorrhoea)? ☐ Yes								☐ No
	Are compression bandages or garments being used?								
	☐ Yes (specify)								☐ No
	Who is involved with this care?								
	☐ District Nurse		☐ Leg Club			☐ Wound Clinic			
	☐ Podiatry		☐ Practice Nurse			☐ Dermatology			
	☐ Other (specify)								

4	Weight & Height			
	Weight		Height	

5	Medical History *(Please also attach GP patient summary if available. Use space to comment if necessary)*		
	Cardiac	☐ Yes ☐ No	
	Vascular/Arterial Disease	☐ Yes ☐ No	
	Diabetes	☐ Yes ☐ No	
	Skin Conditions	☐ Yes ☐ No	
	Mental Health Diagnosis	☐ Yes ☐ No	
	Dementia	☐ Yes ☐ No	
	Learning Difficulty	☐ Yes ☐ No	
	Mobility Restrictions (specify)	☐ Yes ☐ No	
	Fractures (in the last 10 years)	☐ Yes ☐ No	
	Cancer History (specify)	☐ Yes ☐ No	

	Currently Receiving Cancer Treatment	☐ Yes ☐ No	
	Two or more episodes of Cellulitis in 1 year	☐ Yes ☐ No	
	Other (specify)	☐ Yes ☐ No	

	What are the expectations of this referral
6	

	Referrer Details	
7	Self-Referral	☐ Yes ☐ No
	Full Name and Role	
	Telephone/Mobile	
	Email	
	Referral Date (DD/MM/YYYY)	
	Has the patient agreed to this referral?	☐ Yes ☐ No

	Additional Information *(if required)*	**Further Information**
8		Visit www.lwcn.nhs.wales If you require any further information on lymphoedema please contact Lymphoedema Wales Clinical Network on 01639 862767 or LymphoedemaNetworkWales@wales.nhs.uk

SEND REFERRAL TO

Health Board Lymphoedema Service Headquarters (other local clinics available)

9	**Aneurin Bevan University Health Board:**	Lymphoedema Department, Springfield Day Unit, St Woolos Hospital, Newport NP20 4SZ	01633 238 464	ABB_registration@wales.nhs.uk
	Betsi Cadwaladr University Health Board:	Lymphoedema Clinic HQ, Department 20, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD	03000 848 360	BCU.LymphoedemaReferralsEast@wales.nhs.uk
	Cardiff and Vale University Health Board:	Lymphoedema Clinic, Cardiff Royal Infirmary, Glossop Road, Cardiff CF24 0SZ	02920 335 280	Lymphoedema.CAV@wales.nhs.uk
	Cwm Taf Morgannwg University Health Board:	Lymphoedema Clinic, Dewi Sant Hospital, Albert Road, Pontypridd CF37 1LB	01443 443 499	CTM_Lymphoedema@wales.nhs.uk
	Hywel Dda University Health Board:	Lymphoedema Department, Ty Geraint, Bronglais Hospital, Aberystwyth, Ceredigion SY23 1ER	0300 303 8322 Select Option 5	lymphoedema.generic@wales.nhs.uk
	Powys Teaching Health Board:	Lymphoedema Clinic, Ystradgynlais Community Hospital, Glanrhyd Road, Ystradgynlais, Powys SA9 1AU	01639 846 423	powys.lymphoedema@wales.nhs.uk
	Swansea Bay University Health Board:	Lymphoedema Clinic, Singleton Hospital, Swansea, SA2 8QA	01792 285 252	lymphoedema.clinic@wales.nhs.uk

10	**OFFICE USE ONLY**	☐ Standard	☐ Non-standard (including End of Life)	☐ Reducing the risk

Once this referral has been received it will be assessed by the local lymphoedema service. They will contact the patient by telephone or letter, if a telephone consultation is not suitable due to communication difficulties, please tick this box. ☐