LYMPHOEDEMA SERVICE REFERRAL Lymphoedema Clinic, Oncology Dept, Zone A12 Tel: 01225 821501

Email: ruh-tr.LymphoedemaClinicInfo@nhs.net

REFERRAL CRITERIA

- The patient must be referred by a health care professional with the consent of the consultant/GP
- The RUH clinic accepts outpatient referrals for adult patients with secondary cancer-related lymphoedema whose treatment has been in the last 6 months.
- The RUH lymphoedema clinic offers telephone advice for wards with inpatients with lymphoedema.
- All Outpatients must have written referral.
- Outpatients will be seen within 6-8 weeks.
- The RUH clinic also accepts all oncology patients with a confirmed deep vein thrombosis (DVT). Please include a copy of

the report from the vascular studies dept.	
PATIENT NAME	CONSULTANT
HOSPITAL NO	GP
DOB	
TEL	NEXT OF KIN & TEL
IN/OUT PATIENT	WARD/DEPT TEL
MEDICAL HISTORY	
REASON FOR REFERRAL	
DESCRIPTION OF LYMPHOEDEMA	
DISTORTED SHAPE TISSUE IS NON-PITTING & FIBROTIC ABNORMAL SKIN PAIN	
LIMB IS WEEPING TRUNK/HEAD/GENITALS/DIGITS AFFECTED TRUNK/HEAD/GEN	
RECURRENT INFECTION ☐ IMPAIRED FUNCTION☐ ACTIVE MALIGNANCY ☐ DVT	
COMMENTS	
DATE OF REFERRAL	REFERRED BY
	(incl. discipline and contact no.)
	SIGNATURE
FOR USE BY LYMPHOEDEMA SERVICE:	
REFERRAL RECEIVED URG	ENT □ ROUTINE □ SOON □
OUTPATIENT INPATIENT	
DATE/TIME OF APPOINTMENT	

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