Notes on Referral for Lymphoedema Treatment

Dorothy House Non-palliative Patient Lymphoedema Service is an advice, treatment and support service that accepts referrals for patients with non-palliative cancer, or non-cancer related Lymphoedema/Chronic Oedema or Lipoedema.

Acceptance Criteria (Please tick relevant box appropriate to the patient being referred

Hereditary and Congenital Lymphoedema.	☐
Dependant/Gravitational Oedema associated with Lymphoedema.	☐
Swelling of lower limbs due to chronic venous insufficiency.	☐
Patients with swelling associated to Lipoedema.	☐
Patients with Lymphoedema over 20% volume difference, distorted limb shape, or truncal odema which requires specialist interventions.	☐
Patients with Non-palliative Cancer (Not active Cancer, and/or having active treatment).	☐
Patients who are on a weight management programme if their BMI > 40.	☐
Please be aware that where obesity is the cause of Chronic Oedema/Lymphoedema, with a BMI of over 40, the patient **MUST** be on a weight loss and exercise programme, dietitian input is recommended to work alongside Lymphoedema Treatment.	☐

The Lymphoedema Service does not offer wound management to patients with open wounds or ulcers; however if you feel a referral is appropriate please contact the Lymphoedema Service to discuss before submitting a referral form.

Referral process

- Referrals will only be accepted following completion of a Dorothy House Non-palliative Lymphoedema Service referral form along with a recent summary of the patient's medical history. The form must be completed fully.

- Any incomplete referral forms sent in will be returned for further information and no action will be taken by the Lymphoedema Service until it is returned satisfactorily completed.

- Referrals to be emailed or posted to:
  Dorothy House Clinical Coordination Centre
  Dorothy House Hospice
  Winsley
  Bradford On Avon
  BA15 2LE

  Tel: 0345 0130 0555
  Email: DHHC.dorothyhouse-referrals@nhs.net

  SystmOne – If you are a SystmOne user for further information about the process click here

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Non-palliative Lymphoedema Referral Form

Dorothy House HOSPICE CARE

Winsley, Bradford on Avon, BA15 2LE
Referrals email: DHHC.dorothyhouse-referrals@nhs.net
Clinical Coordination Centre: 0345 0130 555
Website: www.dorothyhouse.org.uk/professionals/

Please complete all sections of forms to enable referral to be processed

Essential details and demographics

First Name:
Last Name:
Title:
Marital Status:
DOB:
Gender:
Occupation Status:
Address:
Type of Occupation:
Patient lives alone? Yes ☐ No ☐
Ethnic Group:
Religion:
Postcode:
NHS Number:
Home Telephone No:
Mobile Telephone No:
Unregistered ☐ Unknown ☐

Next of Kin/Main Carer

Name:
Relationship:
Address:
Are they the next of kin? Yes ☐ No ☐
Are they the main carer? Yes ☐ No ☐
Postcode:
Telephone No:

GP

Name:
Telephone No:
Surgery:
Postcode:

Referral Information

Date of Referral:
Referred by:
Base:
Position:
Telephone No:

Site of Odemea:
Duration of Oedema:

How was the lymphoedema diagnosis confirmed (e.g. scan, clinical examination):

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Cancer History: YES - Please complete relevant sections

Relevant Surgery - include dates, histology, extant of lymph node removal

Has the patient undergone radiotherapy: Yes ☐ No ☐

If yes, give details & date:

Has the patient undergone chemotherapy: Yes ☐ No ☐

If yes, give details & date:

Is there active disease at the time of referral? Yes ☐ No ☐

Cancer History: No

Primary Lymphoedema: Yes ☐ No ☐

If yes, give details:

Secondary Lymphoedema: Yes ☐ No ☐

If yes, give details:

Past Medical History

Is there a history suggestive of damage to the lymphatic system (e.g. trauma, surgery, repeated episodes of infection Yes ☐ No ☐

If yes, give details:

Have there been any acute inflammatory episodes of cellulitis or fungal infections in the affected limb/site in the last 12 months? Yes ☐ No ☐

If yes, give details including treatment given:

Please tick as appropriate (weight and height **MUST** be filled in)

☐ Venous disease/thrombosis	☐ Vascular disease	☐ Pain
☐ Heart disease	☐ Lipoedema	☐ Immobility
☐ Lung disease/TB	☐ Neurological disorders	☐ Obesity
☐ Renal disease	☐ Chronic skin disorders	Weight:
☐ Endocrine disorders	☐ Rheumatoid arthritis	Height:

COMPULSORY TO COMPLETE DUE TO CLINICAL PATHWAYS - TREATMENT CAN NOT COMMENCE UNTIL DOPPLER RESULT RECEIVED

Please provide recent (last six months):

Doppler Please give ABPI or TBPI result: L

R

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BMI:

If BMI > 40 has referral to dietitian been made? Yes ☐ No ☐ Unknown ☐

If considered inappropriate please state why:

Has patient been issued with compression garments in the past? Yes ☐ No ☐

If yes: what, and when issued:

Are there any risks to lone workers?:

Has the patient consented to share medical information with relevant healthcare professionals?

Yes ☐ No ☐

For further information in the principles of obtaining patient consent see
http://dorothyhouse.org.uk/professionals/referral-process/sharing-consent/

Are there any other community teams involved in the care of this patient?

Further referral information attached

☐ Copy letters ☐ Results of Investigations ☐ List of medication ☐ Other

Any other comments:

Date (dd/mm/yy):

Person completing form:

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