Northern Arizona Healthcare
EntireCare Rehab & Sports Medicine
Flagstaff Medical Center • Verde Valley Medical Center

Patient History Questionnaire – Edema/Lymphedema

Name:_____ Email:_____.com

Primary care provider: _____

Where are you experiencing swelling? _____

How long have you had this swelling? _____

Describe how the area feels (i.e. tight, heavy, full feeling, etc.): _____

_____

Have you been treated for cancer? Yes_____ No_____

Type of cancer: _____ Side:_____

Surgery:_____ Date(s): _____

Radiation:_____ Date(s): _____

Chemotherapy:_____ Date(s): _____

Number of nodes removed (if known): _____ Number positive: _____

Have you previously been treated for swelling or lymphedema? _____

Are you currently taking diuretics (water pills)? _____

Do/have you had kidney, heart or other organ problems/failure? If yes, please explain:

_____

Rate your pain related to swelling or cancer treatment on a 0- 10 scale

(0 = no pain and 10 = worst possible pain)

Now:_____ Usual:_____ Highest ever (related to this problem):_____

Does your swelling affect any of the following activities? (Circle all that apply)

Dressing	Eating	Sleeping	Bathing	Reaching	Bending
Walking	Standing	Working	Lifting	Leisure activities	

How often do you wake at night?_____

Are any of your awakenings related to swelling? _____