

EVAMARIA BURGSTALLER, CMT

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**This office does not currently file for any type of insurance
Upon request we will give you a coded invoice and you can submit it to your insurance company**

HEALTH HISTORY AND LYMPHEDEMA EVALUATION

Personal Information

First and last name		
Address (with city & zip)		
E-mail address		
Telephone numbers		
Date of birth & gender		
Occupation & who referred you		
Emergency contact & telephone		
Physician's name & telephone		

Health Information

	Y	N	
Allergies			Are you on a blood thinner
Asthma			Are you on a diuretic
Blood pressure problems			Do you have a pacemaker
Blood clots			Are you currently under a doctor's care
Cancer			List any other health problems below
Diabetes			
Heart edema			
Malignant diseases			
Thyroid problems			
Lymphedema – diagnosed			

List all medications you are taking and the reason for it – also list over the counter drugs, inhalers, vitamins, etc.

Allergies to medications

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Health Habits – check the appropriate box

Exercise	None	Mild	Occasional	Vigorous	
Diet	Not on a diet	Dieting on and off	Prescribed diet	? # of meals per day	
Salt intake	High	Medium	Low		
Fat intake	High	Medium	Low		
Caffeine	Coffee or Tea	Soft drinks	cups/day	None	
Tobacco	# of years	Cigarettes	Chew or Pipe	None	Recently quit

Have you had prior treatment for Lymphedema - check all applicable answers

Surgery	Antibiotics	Compression Garments	Manual Lymphatic Drainage	Bandaging	Lymph pump	Other	None
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					Remarks
How long have you had Lymphedema	Since birth	Don't know	recently	other	
Do you know the cause of your condition - If yes - please check the cause	surgery	Radiation	Infection	Trauma	
Which one of your extremities has the Lymphedema	Left arm Right arm	Left leg Right leg	Other body part	Not sure	
Swelling down in AM or PM	AM Y N	PM Y N			
Swelling worse with exercise	Yes	No	Not sure		

	Yes	No	Unsure	Remarks
Have you had Lymphedema infections				
Do you ever leak lymph fluid				
Was there a family history of Lymphedema				
Do you take diuretics for Lymphedema				
Do you take preventative antibiotics				
Do you take any other supplements for Lymphedema				
Have you been instructed how to wear compression garments				
Have you ever had Radiation Therapy				
Have you ever had Chemo Therapy				
Have you had a Hysterectomy (vaginal or abdominal)				
Have you had Ovaries removed				
Have you had Breast Cancer surgery				
Have you had Sentinel Node Mapping				
Were Lymph Nodes removed – how many				
How many Nodes tested for cancer – positive - negative				
Please discuss any additional information with the therapist				

