

Lymphedema Medical History

Today's Date: _____

Current Condition

In Order to understand your condition and provide the best treatment, please be honest and accurate.

Diagnosis: _____

Surgical Procedures (Include Dates) _____

Follow-Up Radiation Treatment (Include Dates) _____

Chemo Therapy (Include Dates) _____

Past Medical History: _____

Medications: _____

Occupation/Work demands: _____

Leisure Activities: _____

Do you Presently have Lymphedema? _____

a. Where? _____ How Long? _____

b. Cause of Onset: _____

c. Have you had prior treatment for Lymphedema? _____

What type of treatment? (Check all that apply) Massage Bandaging Garments Exercise Education

Where are you now functioning from Home, Work, Self Care

0% 50% 100%

unable to function half of activities no limitations

I consent to the treatment of Lymphedema, and I realize that any re-occurrence of cancer/tumors is not caused by the treatment approach given by Hohman Rehab staff.

I authorize Hohman Rehab & Sports Therapy, LLC to make and use any photographs for my medical record(s).

Patient Signature: _____

Therapist Initials: _____



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