Shared health
Soins communs
Manitoba

BREAST HEALTH CENTRE
100 - 400 Taché Avenue
Winnipeg, MB R2H 3C3
www.sharedhealthmb.ca/bhc
Toll Free: 1-888-501-5219
Telephone: 204-235-3691
Fax: 204-231-3842

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

Referral Form for **Lymphedema Assessment**

Referring Primary Care Provider

Name _____

Address _____

_____

Phone ___-___-____

Fax ___-___-____

Provider # _____

Signature _____

Date of Referral ____ (D D M M M Y Y Y Y)

Patient Information

Phone - Home ___-___-____

Phone - Work ___-___-____

Phone - Cell ___-___-____

Weight _____ ☐ pounds ☐ kilograms

Height _____ ☐ feet/inches ☐ centimetres

Reason for Referral (check all that apply)

☐ **Lymphedema Therapy**

Approximate Onset:

____ (D D M M M Y Y Y Y)

☐ Sudden onset
☐ Gradual onset

Result of:

☐ Injury ☐ Insect Bite
☐ Infection ☐ Unknown
☐ Other _____

☐ **Assessment/Treatment of Frozen Shoulder**

☐ **Axillary Web Syndrome (Cording)**

☐ **Other Musculoskeletal Conditions Related to Breast Surgery**

Specify: _____

Right Breast Surgery

Year Surgery Performed _____

Procedure:

☐ Sentinel Node Dissection
☐ Axillary Lymph Node Dissection
☐ Lumpectomy
☐ Partial Mastectomy
☐ Modified Radical Mastectomy
☐ Simple Mastectomy
☐ Reconstruction
  ☐ Implants
  ☐ DIEP ☐ SGAP
  ☐ LD ☐ TRAM
  ☐ SIEA ☐ TUG

Left Breast Surgery

Year Surgery Performed _____

Procedure:

☐ Sentinel Node Dissection
☐ Axillary Lymph Node Dissection
☐ Lumpectomy
☐ Partial Mastectomy
☐ Modified Radical Mastectomy
☐ Simple Mastectomy
☐ Reconstruction
  ☐ Implants
  ☐ DIEP ☐ SGAP
  ☐ LD ☐ TRAM
  ☐ SIEA ☐ TUG

Right Breast Treatment

☐ Chemotherapy Year _____
☐ Radiation Year _____
Area treated:
☐ Axilla ☐ Chest wall
☐ Breast ☐ Supraclavicular

Left Breast Treatment

☐ Chemotherapy Year _____
☐ Radiation Year _____
Area treated:
☐ Axilla ☐ Chest wall
☐ Breast ☐ Supraclavicular

Legend:

CHF - Congestive Heart Failure
CVI - Chronic Venous Insufficiency
DIEP - Deep Inferior Epigastric Perforator
DVT - Deep Vein Thrombosis
LD - Latissimus Dorsi
MI - Myocardial Infarction
SGAP - Superior Gluteal Artery Perforator
SIEA - Superficial Inferior Epigastric Artery
TIA - Transient Ischemic Attack
TRAM - Transverse Rectus Abdominus Muscle
TUG - Transverse Upper Gracilis

Comorbid Conditions (check all that apply)

☐ Cardiac Disease
☐ Cellulitis
☐ CHF
☐ CVI
☐ Diabetes
☐ DVT
☐ Heart Attack/MI
☐ Metastatic Cancer
  Area involved: _____
☐ Previous Cancer
  Area involved: _____
  ☐ Treated ☐ Untreated
☐ Other *(specify)*: _____

☐ Hypertension
☐ Hypotension
☐ Pacemaker
☐ Skin Condition on Surgery Side
☐ Stroke/TIA
☐ Vascular Disease

Other Information

☐ Interpreter Needed *(specify language)*: _____
☐ Limited Mobility *(specify)*: _____

Additional Comments: