



We're so swell - you don't have to be Compression wear it counts.

Specialists in Venous & Lymphatic Insufficiencies

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PATIENT CLINICAL HISTORY

Patient Name: _____

Outpatient, Rehabilitation Lymphedema Treatment Program: [] Yes [] No

Name of Hospital or Facility: _____

Diagnosis: [] I87.2 Venous insufficiency (chronic) (peripheral) [] I89.0 Lymphedema, not elsewhere classified
[] Other _____

Affected Extremity: [] Upper Left [] Upper Right [] Lower Left [] Lower Right [] Abdomen [] Buttocks [] Face/Neck

History includes Cellulitis/Lymphangitis infections: [] Yes [] No

Primary Lymphedema: [] Milroy's Disease (at birth) [] Lymphedema Praecox [] Lymphedema Tarda
[] Klippel-Trenaunay Syndrome [] Other _____

Secondary Lymphedema (Cancer):

[] Breast [] Melanoma [] Cervical [] Ovarian [] Uterine [] Vulvar [] Prostate [] Head/Neck [] Other _____

If Breast Cancer Surgery: [] Lumpectomy [] Mastectomy

Cancer Surgery: [] Axillary Node Dissection [] Axillary Node Removal
[] Groin Node Dissection [] Groin Node Removal

Month/Year of Surgery: ____/____

[] Radiation Therapy [] Chemo Therapy

Secondary Lymphedema (Venous Lymphatic Insufficiency):

[] Venous Ulcers [] Dermatitis [] Weeping fluid [] Deep Vein Thrombosis (DVT) [] Post Phlebotic Syndrome [] Limb
Heaviness [] Fibrosis [] Other _____

Completed By: _____ Date: _____

PRODUCTS REQUESTED

Daytime, Elastic Support:

Manufacturers: Jobst Juzo Lymphedivas Medi Sigvaris Solaris (EXO)

Body Part: Arm Hand Glove Hand Gauntlet Vest Calf Thigh Toe Glove Boxer Capri Pantyhose
 Biker-Shorts Facial/Mandibular

Daytime, Non-Elastic Support:

Manufacturers: BiaCare CircAid Farrow Solaris Juzo

Body Part: Calf/Foot

Nighttime, Non-Elastic Support:

Manufacturers: CircAid JoViPak Peninsula Solaris Biacare Farrow

Body Part: Arm/Hand Vest Calf Thigh Boxer Capri Pants Facial/Mandibular Other _____

Type of Garment:

Customized Garment Ready to wear garment

Compression Class:

15-20 mmHg 20-30mmHg 30-40mmHg 40-50mmHg

Measurements:

Completed By: _____ Date: _____