



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: 187.2 Venous insufficiency (chronic) (peripheral) 189.0 Lymphedema, not elsewhere classified
 197.2 Postmastectomy lymphedema syndrome Other _____

Affected Body Parts: Right Arm Left Arm Right Hand Left Hand Breast/Chest Head/Neck
 Right Leg Left Leg Right Foot Left Foot Abdomen Buttocks Genitals

History includes cellulitis/lymphangitis infection: Yes No

History includes limb heaviness: Yes No

History includes fibrosis: Yes No

Primary Lymphedema: Milroy's Disease (at birth) Lymphedema Praecox Lymphedema Tarda (after age 35)
 Klippel-Trenaunay Syndrome Other _____

Secondary Lymphedema (Cancer):

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

Breast Cancer Surgery: Lumpectomy Mastectomy

Cancer Surgery: Axillary nodes removed (armpit) Groin/Inguinal nodes removed (groin)

Radiation Therapy: Yes No

Chemotherapy: Yes No

Secondary Lymphedema (Venous Lymphatic Insufficiency):

Venous ulcers Dermatitis Weeping fluid Deep Venous Thrombosis (DVT) Post Phlebitic Syndrome
 Other _____

ADDITIONAL COMMENTS

Completed By: _____ Date: _____