# Custom Fit Therapies

Compression Garment Fitting
Lymphedema Management

## Lower Extremity/Abdominal
## Custom Compression Garment Fitting and Treatment Questionnaire

Name: ___________________________________________________ Date: _____________________

History: (Circle all that apply) Reason for swelling: Varicose veins, Venous Insufficiency, Primary Lymphedema, Secondary Lymphedema, Cancer, Wounds, Burns, Other ___________________________
_________________________________________________________________________________

Date of Cancer Diagnosis: __________________________ date Surgery: _____________
Type of surgery: __________________________________ Node Dissection_______________

Prostrate Ovarian Other: ______________________________

Type of Treatment: Radiation:Completion Date: ____ Chemotherapy: Completion Date_________

Reconstruction Surgery: Yes No Date (or scheduled date): ______________________
Type: _____________________________ Surgeon: ___________________________________
Phone: ______________________

Lymphedema Treatment: Date of onset: _______________ Date of treatment: ______________________

Date of Last compression garments order __________________ Brand ______________ Style _______
Change in condition ________________________ Weight change by 10lbs Yes or No

Do you have any concerns regarding the compression garment or any other issue?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What physical activities have been limited by the onset of Lymphedema?:
_________________________________________________________________________________
________________________________________________________________________________

Describe your compliance with compression bandaging? Good Difficult Impossible

Have you experienced any skin conditions? No / Yes Describe:
_________________________________________________________________________________
_________________________________________________________________________________

Describe you Lymphedema symptoms:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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