



Space Coast Lymphedema Clinic, LLC
7000 Spyglass Ct. Suite 120 Viera, Florida 32940
P: 321-241-6543 F:321-241-6513

Name _____ DOB: _____ Today's Date _____

Medical History: Please select any conditions that pertain to your medical history:

- Angina _____
Cancer _____ Type: _____
Colitis _____
Coronary Artery Disease _____
Heart Disease _____
Renal Insufficiency _____
Ulcer _____
Wounds _____
Arthritis _____ Where? _____
Congestive Heart Failure _____
COPD _____
Diabetes _____
High/Low Blood Pressure _____
Stroke _____
Venous Insufficiency _____

Other: _____

Surgical History: Please check all that apply:

- Arthroscopic Surgery _____ Date _____ Axillary _____ Date _____
Back Surgery _____ Date _____ Coronary Bypass _____ Date _____
C-Section _____ Date _____ Gall Bladder _____ Date _____
Joint Replacement _____ Date _____ Mastectomy _____ Date _____
Neck Surgery _____ Date _____ Foot Surgery _____ Date _____

Other : _____

Height _____ Weight : _____

Allergies: _____

Medications: (if you have a list, we can make a copy for you.) _____

Have you fallen in the past year? Yes ___ No ___

Do you smoke? Yes ___ No ___

Are you depressed Yes ___ No ___

Do you feel threatened by anyone? Yes ___ No ___

When did your lymphedema first occur? _____

Have you had previous PT or OT services this year for any condition? _____

Please explain: _____

Therapist's Signature: _____ Date: _____

Patient's Signature: _____ Date: _____