

## Referral to Cornwall Hospice Care Lymphoedema Service

Please complete as much as possible and email this form to: [chc.lymphoedema@nhs.net](mailto:chc.lymphoedema@nhs.net)

or Post to:

St Julia's Hospice, Foundry Hill, Hayle, TR27 4HW

Telephone 01736 759070

Mount Edgumbe Hospice, Porthpean Road, St Austell, PL26 6AB

Telephone 01726 65711

Date	Time
<b>Name of patient</b>	
<b>Date of birth</b>	<b>NHS number</b>
<b>Address</b>	
<b>Telephone</b>	
<b>G.P. Practice</b>	
<b>Surgeon</b>	<b>Oncologist</b>
<b>DIAGNOSIS</b>	
<b>Date of diagnosis</b>	
<b>Surgery (procedures &amp; dates)</b>	
<b>Chemotherapy (regime &amp; date)</b>	
<b>Radiotherapy (site &amp; date completed)</b>	
<b>Current treatment:</b>	
<b>Current disease status:</b> Inactive <input type="checkbox"/> Controlled progressive <input type="checkbox"/> Palliative <input type="checkbox"/>	
<b>REASON FOR REFERRAL:</b>	
<b>Site of lymphoedema</b>	

**Lymphoedema has been present for:**

**Unilateral leg Deep Venous Thrombosis Excluded: YES  NO**

**New malignancy ruled out YES  NO**

**Infection ruled out YES  NO**

**Low albumin been ruled out YES  NO**

**CCF YES  NO**

**Additional information:**

**Details of Referrer**

**Full Name**

**Designation**

**Address**

**Telephone Number**

**Secure email (for feedback)**