***Sherwood Massage***

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LYMPHEDEMA QUESTIONNAIRE

Patient Name: Date.

1. If you have lymphedema, is it.

Primary (born with lymphedema OR onset during childhood/puberty/adult without an apparent reason)

Secondary (due to cancer surgery or radiation treatment OR resulting from trauma, infection, other surgeries, accident)

1. If primary:

a At what age did lymphedema first occur? At birth years old

1. Do you have a family history of lymphedema ? Y 
2. How many relatives have been affected by lymphedema? 1 2 3 4 5
3. Do you currently have a lymphedema ? Y N

If yes, a) How long ago did it occur? Months or Years

b) Affected area

ARM(S) Right 

LEG(S)

Right

Left Both



1. Surgery:

OTHER

Genitalia

Face/Neck Abdomen Breast(s) Trunk Hand

Other (please specify:

* 1. Have you had cancer-related surgery?  
	2. Did your surgery include lymph node removaI\* Y 
	3. If so, how many nodes were removed? 
1. How long AFTER your surgery did your lymphedema first occur?
2. What therapy did you receive, if any, pre- or post-surgery? (check all that apply)

Radiation

Chemotherapy

Hormonal

Other 

1. If you did NOT have cancer surgery, what do you think caused the onset of your lymphedema?

Infection

Liposuction Trauma(injury) Primary/Congenital

Lipedema

Post-surgery(not cancer)

Venous insu#iciency

Immobility

Post-Childbirth Filariasis Don’t know Other:

1. Since the first onset of your lymphedema, have you had an infection in the affected limb(s)? Y N
	1. If yes, how many times? 
	2. Have you been hospitalized to treat your infection? Y N

