

Lymphedema Treatment Consent Form

Name: _____

Referring Doctor: _____

Successful treatment of lymphedema requires commitment and dedication of the patient and therapist to the therapy program. Please understand that this program is not a cure. This program is designed to assist you to reduce your swelling and learn how to self-manage lymphedema, a chronic condition. You will be responsible for keeping your condition under control the rest of your life. Reduction of edema not only improves the quality of your life, but also decreases the incidence of severe secondary infections. If you are treated at Mirasol Physical Rehab Center, you will be required to follow a specific program at the office and at home.

This program consists of:

1. Daily/weekly visits for evaluation, treatment and measurements and/or pictures by the therapist.
2. A meticulous skin care routine.
3. Manual lymphatic drainage/massage, which may include the chest and groin areas.
4. Compression bandaging and/or use of an edema reduction garment 20-23 hours/day in the beginning stage.
5. Self-bandaging or wearing your edema reduction garment on weekends. (You and your family will be instructed in self-massage and self-bandaging/application of garment).
6. Therapeutic exercises to accelerate lymph flow.
7. Instruction in a home maintenance program.

Compression bandages, edema reduction garments and long-term compression garments may not be covered by your insurance. It is advised that you contact your insurance company directly to find out if supplies or garments will be covered. Mirasol Physical Rehab Center is not a licensed durable medical equipment (DME) provider. Garments ordered through our facility must be paid for by cash, check or credit card. Your therapist may refer you to a local DME provider, who will be able to process covered garments through your insurance.

Please note that non-compliance or inconsistent compliance in the above outlined program may lead to discharge.

Are you prepared to follow the above program? (please initial) _____ Yes _____ No

This consent form has been explained to me and I certify that I fully understand its contents.

Patient Signature: _____

Date: _____

Therapist Signature: _____

Date: _____