



Phone: 803-329-6865 (Scheduling)  
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1000 Wellness Way, 3rd Floor Rehab  
Department, Fort Mill, SC 29715

## Outpatient Rehabilitation

# LYMPHEDEMA REFERRAL FORM Physical Therapy

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Diagnosis: I89.0 - Lymphedema, not elsewhere classified    I97.89 - Other postprocedural complications and disorders of the circulatory system  
I97.2 - Postmastectomy lymphedema syndrome    Q82.0 - Hereditary lymphedema

Please include current History & Physical to better inform our therapists of the evaluation(s).

### Physical Therapy

- Eval and Treat: Right UE - Left UE - Right LE - Left LE - Trunk - Head & Neck
- Other: \_\_\_\_\_

Note to Therapists(s)/Precautions: \_\_\_\_\_  
\_\_\_\_\_

Printed Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Office Phone: \_\_\_\_\_ Time: \_\_\_\_\_