Blend Physio

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Lymphoedema Diagnosis and Referral

The SA Garment Scheme provides funding for 2 garments per affected limb/body part every 6 months for patients with a medical diagnosis of Lymphoedema.
To access the scheme the Accredited Lymphoedema Therapist must submit medical diagnosis proof.
Please complete this form for us to submit when requesting garments.

Patient Details	**Medicare Card**
First Name	Card Number .....
Last Name	Individual Ref No .....
D.O.B	Expiry Date .....

I confirm that the patient as listed above has a diagnosis of

- ☐ Primary Lymphoedema (Eg: Congenital, Genetic etc)
- ☐ Secondary Lymphoedema (including Cancer related Lymphoedema)

Cause of Lymphoedema (if known):

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Lymphoedema Location (Please select ALL areas involved):

- ☐ Right Upper Limb
- ☐ Left Upper Limb
- ☐ Right Lower Limb
- ☐ Left Lower Limb
- ☐ Other .....
- ☐ Right Breast
- ☐ Left Breast
- ☐ Genitals
- ☐ Head/Neck

Referring General Practitioner

Name .....

Provider Number .....

Date .....

Signed .....