Lymphoedema application form 2022

Contact details
Tel: 0800 12 CARE (2273) • PO Box 653418, Benmore, 2010 • www.libcare.co.za

Who we are

The Libcare Medical Aid Scheme (referred to as 'the Scheme'), registration number 1197, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Contact us

Email: oncology@libcare.co.za
If you have any queries, please contact us on 0800 12 CARE (2273), during office hours.

Purpose of the form

This application form is for members that need oncology related lymphoedema (secondary to cancer) treatment. We will only consider funding requests from the member's treating healthcare professional, who must complete the application form.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- All relevant sections must be physically signed by the healthcare professional and cannot be signed digitally. The healthcare professional must sign and date any changes.
- Please send the form and photographs to us by email at oncology@libcare.co.za.
- Only applications received from healthcare professionals will be accepted.
- You will receive a letter informing you of our decision and what to do next for approved requests. You may call us if you would like to lodge a formal dispute for a declined decision. If you have any questions, you can call our call centre on 0800 12 CARE (2273).

1. Patient's details

Title ____ Initials ____

Surname ____

First name(s) (as per identity document) ____

First name(s) (as per identity document) ____

Preferred name ____

Gender ☐ M ☐ F Date of birth D D - M M - Y Y Y Y

ID or passport number ____ Country of issue ____

Membership number ____

Telephone (H) ____ - ____ Telephone (W) ____ - ____

Cellphone ____ - ____

Email ____

Referring practitioner's name ____

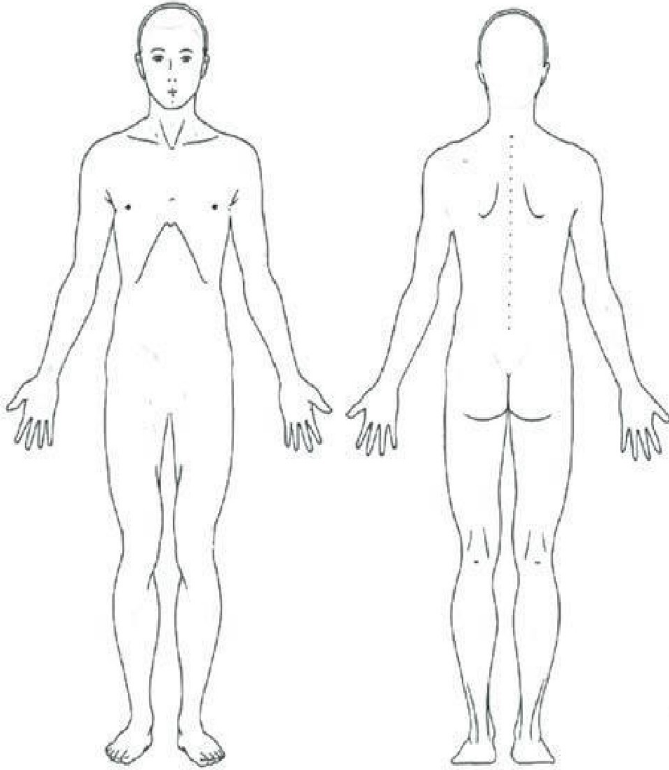
BHF practice number ____

Primary diagnosis ____

DHMLA2001

Current location of swelling

Swelling Pitting Tissue thickening



Limb circumference measurements

	Upper limb		Lower limb	
	R	L	R	L
Hand/foot circumference (cm)				
Starting point (cm)				
Above elbow/knee (cm)				
Below elbow/knee (cm)				
Total limb volume (ml)				
Distal volume (ml)				
Proximal volume (ml)				
Distal:proximal ratio				
Excess total limb volume (ml and %)				
Excess distal limb volume (ml and %)				
Excess proximal limb volume (ml and %)				

2. Lymph node status

Regional node dissection	☐ Yes	☐ No	If yes, state region:	
Sentinel lymph node biopsy	☐ Yes	☐ No		
Chemotherapy	☐ Yes	☐ No	☐ Still to be decided	
If yes	☐ Adjuvant	☐ Neoadjuvant	☐ Oral	
Radiation therapy	☐ Yes	☐ No	☐ Still to be decided	☐ Still due for radiology
If yes, state area				

3. Existing medical conditions and co-morbidities

DHMLA2001

4. Any factors that may complicate, influence or affect prognosis for lymphoedema treatment

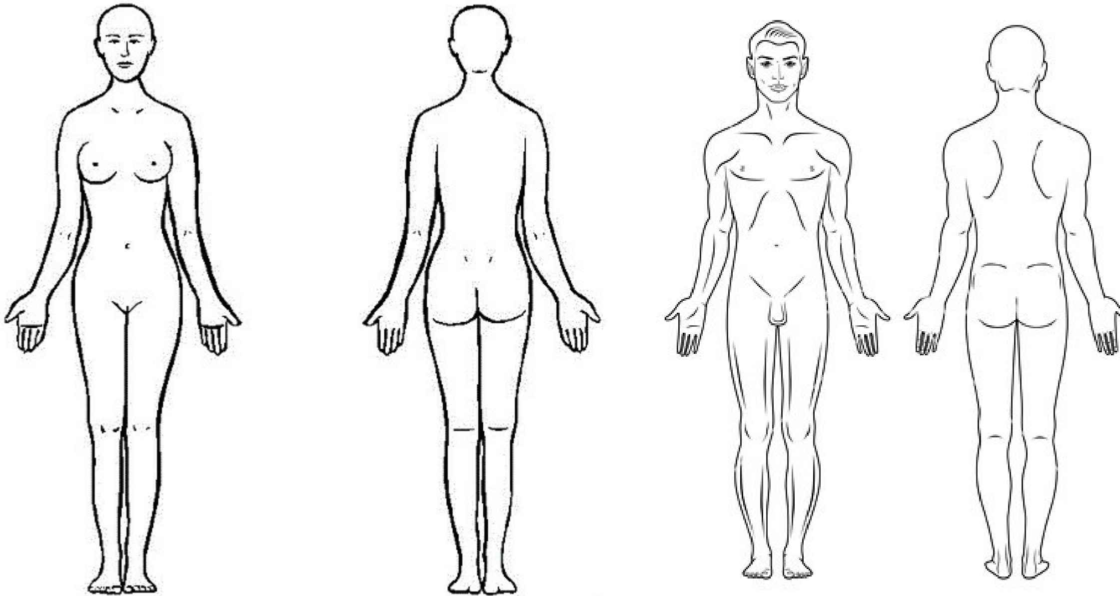
(If more space is required, please describe on a separate letter attached to this motivation.)

5. Previous lymphoedema treatment (include nature of treatment and duration)

6. Limb circumference measurements (in cm)

Upper limb:	Right	Left	Lower limb:	Right	Left
Index finger			Big toe		
Thumb			Metatarsophalangeal		
Metacarpophalangeal			Mid-foot		
Distal wrist crease			Ankle		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
Elbow			Knee		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
Total limb vol:			Total limb vol:		
Excess total limb vol (%):			**Excess total limb vol (%):**		

DHMLA2001



7. Proposed treatment

Lymphoedema therapist

BHF practice number

Staging

Date of staging D D - M M - Y Y Y Y

Treatment start date D D - M M - Y Y Y Y

Initial consultation

Requested code	Cost

Treatment

Requested code	Cost	Frequency	Motivation

Garments and bandages

NAPPI code	Cost	Quantity	Description

DHMLA2001

8. Total cost of proposed treatment

Initial visit

Treatment plan

Garments and bandages

Total cost of proposed treatment

Signature of healthcare professional

Date D D - M M - Y Y Y Y

Please only sign if information is true, complete and correct.

Libcare is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:
Email: information@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za