**Risk Assessment**

**Diagnosis**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **BMI**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Affected area** | **Tick Relevant** | **Unilateral** | **Bilateral** |
| **Upper limb** |  |  |  |
| **Lower limb** |  |  |  |
| **Trunk** |  |  |  |
| **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |

**Contraindications/Cautions to Treatment**

|  |  |  |
| --- | --- | --- |
| **Treatment** | **Yes.** | **No** |
| **MLD** |  |  |
| **Bio impedance** |  |  |
| **Deep Oscillation** |  |  |
| **Physiotouch** |  |  |
| **MLLB** |  |  |
| **Compression Hosiery** |  |  |
| **Other** |  |  |

**Allergies**

|  |
| --- |
|  |
|  |
|  |

**Cellulitis**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **History of cellulitis** | **No. Of episodes** |  |
| **Warning signs explained** |  |  |
| **Poor foot care** | **Onward referral date** |  |
| **Problematic Skin condition** | **Onward referral date** |  |

**Mobility**

|  |  |  |
| --- | --- | --- |
|  | **Independent** | **Other** |
| **Sit to stand** |  |  |
| **On/off plinth** |  |  |
| **Mobility** |  | **Aid used** |
| **On/off bike** |  |  |
| **On/off treadmill** |  |  |
| **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Warning prior to treatment re: mobility** |  |  |
| **Warning prior to treatment re:driving** |  |  |
| **Shoe provision** |  |  |
| **Provision of temporary walking aid** |  |  |

**Handling heavy limbs**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Is limb heavy** |  |  |
| **Assistance required** | **Type:** |  |
| **Can client assist** |  |  |

**Mental Health: Yes / No**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Medication** | **Action (if any)** | **Other comments** |
| **Anxiety** |  |  |  |
| **Depression** |  |  |  |
| **Specific Illness** |  |  |  |

Further Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bandaging/Compression Garment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Other** |
| **Vascular assessment complete** | **Onward referral date** |  |  |
| **ABPI required** | **Onward referral date** |  |  |
| **Warning leaflet provided** |  |  |  |
| **Contact number provided** |  |  |  |
| **Donning / doffing advice** |  |  |  |
| **Donning doffing aid supplied** | **Type** |  |  |
| **Help available at home** |  | **Onward referral date** |  |
| **Carer require training** | **Date completed** |  |  |

**Bandaging choice**

Unilateral \_\_\_\_\_\_\_\_\_\_\_\_\_knee \_\_\_\_\_\_\_\_\_thigh\_\_\_\_\_\_\_\_\_\_

Bilateral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_knee \_\_\_\_\_\_\_\_\_thigh\_\_\_\_\_\_\_\_\_\_

Rationale for Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change of bandage choice date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Open wounds**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Info** |
| **Does patient have open wound** |  |  |  |
| **Does patient have lymphorrhoea** |  |  |  |
| **Wound assessment complete** |  |  |  |
| **Deep wound** | **Onward referral to TVN Date** |  |  |
| **Superficial wound** |  |  | Dressing choice |
| **PPE** |  |  |  |
| **ANTT** |  |  |  |