



## Lipedema Additional Intake Form

### Areas of Concern:

- |  |   |  |  |                                 |
|--|---|--|--|---------------------------------|
| <input type="checkbox"/> Forearm                             | <input type="checkbox"/> Abdomen<br>(front) | <input type="checkbox"/> Buttocks          | <input type="checkbox"/> Thighs (front)    | <input type="checkbox"/> Knees  |
| <input type="checkbox"/> Arm<br>(between elbow and shoulder) | <input type="checkbox"/> Abdomen<br>(sides) | <input type="checkbox"/> Thighs<br>(outer) | <input type="checkbox"/> Thighs<br>(inner) | <input type="checkbox"/> Calves |
|  |   |  | <input type="checkbox"/> Thighs (back)     |                                 |

How old are you now? \_\_\_\_\_

### What are your symptoms of lipedema?

- Pain    Bruising    Hypersensitivity.    Heavy arms    Heavy legs  
 Minimal reduction in leg/arm swelling with elevation.    Other \_\_\_\_\_

Approximately many **years** have you had symptoms? \_\_\_\_\_

Any **triggers**:    Puberty    Menopause    Other \_\_\_\_\_

**Family members** suspected with lipedema: \_\_\_\_\_

What is the **most weight** you ever lost? \_\_\_\_\_

Did weight loss have **any effect** on lipedema affected areas?    Yes /  No

### It is reasonable to try non-invasive measures before surgery.

Have you tried or been seen by a lipedema/lymphedema therapist?    Yes /  No

Have you tried compression?    Yes /  No   For how many months? \_\_\_\_\_

Did it help?    Yes /  No

Did it resolve all the symptoms?    Yes /  No

Have you tried a pump?    Yes /  No   For how many months? \_\_\_\_\_

Did it help?    Yes /  No

Did it resolve all the symptoms?    Yes /  No

Have you had any prior lipedema surgery?    Yes /  No.

If yes, please state year and body part:

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