

Clinical Referral Form

This Clinical Referral form has been developed to help private individuals purchase IPC products for use in 'non clinical home care' environments.

Prior to any purchase, it is important for a Healthcare Professional to carry out a full assessment to determine your suitability for Intermittent Pneumatic Compression.

Please ask your GP, Therapist or Healthcare Professional to complete sections 2, 3, 4 and 5.

The information contained herein will confirm your suitability and form the basis of your IPC treatment plan. The completed form should be returned to the customer services team at Huntleigh Healthcare, Diagnostic Products Division, Cardiff (see full address overleaf).

1 To be completed by the PATIENT	2 To be completed by your GP / HC Professional
Name:	Name:
Address:	Address:
Telephone No:	Telephone No:
3 To be completed by the person who will oversee your treatment.	
(This may be different to the person recorded in section 2; it may be your therapist, community nurse or other healthcare professional?)	
Name:	
Address:	
Telephone No:	
4 Declaration of suitability - to be completed by your GP, Therapist or HCP	
I / we hereby confirm that we have assessed this request and confirm that IPC is suitable for the patient identified in section 1 above.	
Signed:	Date:
* Print Name:	Title:
	Contact No.:

*** GP, Therapist or Healthcare Professional**

5 Garment Recommendations – to be completed by your GP, Therapist or HC Professional

LymphAssist Garment – Please refer to the garment measuring guide for sizes and order codes.

Garment Type Qty Order Code

Garment Type Qty Order Code

* Signed:

Date:

* Print Name:

Title:

Contact No.:

*** GP, Therapist or Healthcare Professional**

Should you have any difficulties with this form or require assistance, please contact a member of our customer services team on 02920 485885 or via e-mail sales@huntleigh-diagnostics.co.uk

When this form has been completed, please return it to:

Customer Service Team (Clinical Referral)
Huntleigh Diagnostic Products Division
35 Portmanmoor Road
Cardiff
South Glamorgan
CF24 5HN

NOTE: Additional forms can be
down loaded from our website
www.lymphassist.com

LymphAssist™
homecare

Hydroven® 12 series

Form No: 2H-4