



Lower Extremity Subcutaneous Lymphedema Drainage – Data Capture Form

Client Name _____

Page _____

Date	PPS Score	Weight OD if possible	ESAS Scores (0-10)				Leg Measurements		Leg Drainage		Additional comments related to drainage procedure eg) pulled out, rash, infection, etc.
			Depression	Anxiety	Pain	Well-being	Measurement markers noted (R) Leg	(L) leg	(R) leg	(L) leg	