



Guidelines for Prequalifying Patients for a Flexitouch® Home Therapy Program

For Primary and Secondary Lymphedema Patients

Patient name _____ Date of birth _____

The following minimum criteria must be met for your patient to qualify for the Flexitouch system:

- 1) Patient has been unable to manage their lymphedema at home with a combination of compression garment/bandaging, exercise and elevation.
- 2) Patient has functional ability to don/doff the garments, or has a caregiver who can assist.

If your patient meets the above criteria, please answer the following by checking "yes" or "no."

YES **NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has not attained sufficient symptom relief from conservative home therapy. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has not met the highest level of independence in their home program due to inability to perform self-MLD. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient requires lifelong self-MLD to manage lymphedema at home. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient is motivated and compliant with self-care, and is looking for a treatment option that better fits their lifestyle. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient complains about a decreased quality of life due to lymphedema. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient expresses a desire for better lymphedema management. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has fibrosis formation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has recurrent cellulitis infections. |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient does not have any of the following which may preclude using the Flexitouch system: pulmonary edema, thrombophlebitis, congestive heart failure, deep vein thrombosis, episodes of pulmonary embolism, infections and inflammations, acute cancer (relative), or other conditions where increased venous and lymphatic return is undesirable. |

If you answered "yes" to any of the above, your patient is a good candidate for Flexitouch therapy.

Please call 866-435-3948 to ask specific questions about the Flexitouch system for your patient, or to schedule a patient demonstration with the Product Specialist in your area.



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