



# Membership Application Lymphoedema Ireland

Mr/Mrs/Ms

Address

First name

Surname

**Sex** Female  Male

Home phone

**Date of birth**

Mobile phone

**Membership number**

Email

**Type** Primary  Secondary

**Severity Explanation**

**Family history**

**Stage 0 (Latent stage)**

None  Mother  Father

This is the situation in which the lymphatic system is already functioning inadequately, but is still coping – by means of compensatory mechanisms – with the lymph that is produced. No oedema is present.

Brother  Sister  Other

**Diagnosed by**

**Stage I (Reversible stage)**

**Diagnosis method** Dye  Visual

The lymphatic system is overburdened; a protein rich soft swelling develops in the affected area. It can be indented by applying pressure. When the affected arm or leg is raised, the swelling recedes of its own accord.

**Diagnosis date** / /

**Affected Area**

**Stage II (Spontaneously irreversible)**

Right arm  Right leg  Left arm

The swelling already characterised by the presence of excess connective tissue; the fibrosis and sclerosis mentioned above have developed. Indentations can no longer be produced by applying pressure; raising the limb no longer reduces the swelling.

Left leg  Trunk  Face/neck

**Severity**

**Stage III (Extreme)**

Stage 0 (Latent stage)

The swelling is extreme, the skin is hardened and shows wart-like growths. Sometimes large bulges are present. The risk of wound inflammation (erysipelas) is high, and the skin is vulnerable to the development of deep, poorly healing wounds.

Stage I (Reversible stage)

Stage II (Spontaneously irreversible)

Stage III (Extreme)

Please see right for explanation of Severity →

**Level of disability**

Please make your cheque for €20 payable to Lymphoedema Ireland ( name and address on the back please) and send to:-

Working full time  Working part time

Studying  Disability pension

Invalidity pension  Other

Lymphoedema Ireland  
c/o Ms Anne Hollinshead  
20 Dale Road,  
Stillorgan, Co. Dublin.

**Therapist**

The data collected will be kept and processed in accordance with The Data Protection Acts 1988-2003.

**Treatment**

**Hosiery**

Current member  New member

Health professional  Others

Date Paid / /

Signed