

**Consultation, Evaluation, Goals and Expectations, Follow-Up**  
**Compression**

Customer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Existing Customer \_\_\_ New Customer \_\_\_ In Person \_\_\_ Phone Call \_\_\_

Plan of care Action:  Measurement  Fitting  Delivery  Reorder

Diagnosis/RX/Physician Goals: \_\_\_\_\_

Special Needs or Concerns: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Dr. \_\_\_\_\_ Face to Face: Y N

Ulcerations: Y N Location(s)/Size \_\_\_\_\_ Wound Care: Y N

Areas of Concern: \_\_\_\_\_

Leg Measurements: Ankle <sup>L</sup> / <sup>R</sup> Calf <sup>L</sup> / <sup>R</sup> Thigh <sup>L</sup> / <sup>R</sup> Hips \_\_\_\_\_ Length \_\_\_\_\_ Knee/Thigh/Waist

Arm Measurements: Wrist <sup>L</sup> / <sup>R</sup> Tricep <sup>L</sup> / <sup>R</sup> Elbow <sup>L</sup> / <sup>R</sup> Bicep <sup>L</sup> / <sup>R</sup> Axilla <sup>L</sup> / <sup>R</sup> Length \_\_\_\_\_

Hand Measurements: Middle Finger <sup>L</sup> / <sup>R</sup> Palm <sup>L</sup> / <sup>R</sup> Wrist <sup>L</sup> / <sup>R</sup>

Evaluation for Products Needed: \_\_\_\_\_

**Goals Met Based on Customer Needs: (Please check all that apply)**

- Proper Fit  Reduce leg/arm pain  Able to Tolerate Pressure  Able to Donn Garment
- Enhance self-esteem  Control edema/lymphedema  Relieve leg heaviness and fatigue
- Promote healing  Address cosmetic issues  Promote more active, healthy lifestyle

**Expectations Met and Provided to Customer: (Please check all that apply)**

- Verbal & Written Education  Product Demonstration  Warranty and Return Policy
- Product Use and Care  Lymphedema Prevention Tips  Exercises & Self-Massage Techniques
- Fit and Function  Areas of Concern Addressed  Change in Body or Medical Necessity Explained

List any additional Customer/Fitter/Physician expectations: \_\_\_\_\_

**Outcome Measurement:**

Will return on: \_\_\_\_\_ or in \_\_\_\_\_ days/weeks/months for  Fitting  Products  Follow Up

Additional Needs Based on Follow-Up: \_\_\_\_\_

Products Taken: \_\_\_\_\_

Products Ordered: \_\_\_\_\_

WHB Fitter \_\_\_\_\_

Co-Fitter \_\_\_\_\_

