Health
South Western Sydney
Local Health District

NSW GOVERNMENT

COMMUNITY HEALTH SERVICES

AUTHORITY TO APPLY COMPRESSION

SURNAME	MRN
OTHER NAMES	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

GRADUATED COMPRESSION THERAPY

Indications:

☐ Venous ☐ Mixed ☐ Lymphoedema ☐ Anti-embolic Other: _____

Application Site	☐ Left Leg	☐ Right Leg
Ankle Brachial Pressure Index (ABPI)	Result:	Result:
	Date:	Date:
Other investigations conducted		
Level of Graduated Compression Therapy	☐ Class I (18-22 mmHg)	☐ Class I (18-22 mmHg)
	☐ Class II (20-30mm Hg)	☐ Class II (20-30mm Hg)
	☐ Class III (30-40mmHg)	☐ Class III (30-40mmHg)
	☐ Class IV (40-50mmHg)	☐ Class IV (40-50mmHg)
	☐ Anti-embolic stocking	☐ Anti-embolic stocking
Type of Graduated Compression Therapy	☐ Graduated shaped tubigrip	☐ Graduated shaped tubigrip
	☐ 2 layer long stretch bandage (eg. Surepress)	☐ 2 layer long stretch bandage (eg. Surepress)
	☐ 2 layer short stretch bandage (eg.Lastolan, Comprilan)	☐ 2 layer short stretch bandage (eg.Lastolan, Comprilan)
	☐ 2 layer (eg. Proguide)	☐ 2 layer (eg. Proguide)
	☐ 4 layer (eg. Veno4/Profore)	☐ 4 layer (eg. Veno4/Profore)
	☐ Lymphoedema bandaging	☐ Lymphoedema bandaging
	☐ Stocking/Garment	☐ Stocking/Garment

Other Sites (eg lymphoedema of arm - post surgical/oncological): _____

_____

Name of Vascular Specialist: _____ Telephone: _____

AUTHORISING CLINICIAN (Medical Officer/General Practitioner)

Name:_____ Signature_____

Designation: _____ Date: _____ Telephone: _____

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AMR 024.001

BINDING MARGIN – NO WRITING

FILE IN CLINICAL RECORD

ID 6080847 Oct 13