


## Talk Lipoedema self-assessment form

You can use this to record what is important to you and share the information with your health care professional or others. You can also give more detail on the back of the page.

<b>Name</b>	<b>Address</b>
<b>Date of birth</b>	
<b>When were you first aware of lipoedema changes in your body?</b>	<b>What changes did you first notice?</b>
<b>In what ways has the lipoedema changed over the years, if at all?</b>	<b>What other health problems do you have?</b>
<b>What problems do you experience now? Tick those that apply and use the diagram to show details.</b>	
<input type="checkbox"/> Enlargement of legs/hips/buttocks <input type="checkbox"/> Enlargement of arms <input type="checkbox"/> Bulges at the knees <input type="checkbox"/> Bruising <input type="checkbox"/> Fluid build-up (lymphoedema) <input type="checkbox"/> Damaged skin or leaking skin <input type="checkbox"/> Disproportion body shape <input type="checkbox"/> Difficulty with walking <input type="checkbox"/> Hypermobility <input type="checkbox"/> Weight gain <input type="checkbox"/> Other/s: <input type="checkbox"/> Pain: score pain from 0 (no pain) to 10 (worst pain) 0....1....2....3....4....5....6....7....8....9....10	
<b>In what ways, if at all, has lipoedema affected your mental/emotional health?</b>	<b>What do you currently do to manage the lipoedema?</b>
<b>What are your main goals for the future?</b>	<b>What help do you need to achieve these?</b>

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**More details about what is important to me:**