Lymphoedema application form 2025

Discovery
Health Medical Scheme

Who we are

Discovery Health Medical Scheme registration number 1125, is the medical scheme that you are a member of. The Scheme is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd, registration number 1997/013480/07 is a separate company and an authorised financial services provider and is the administrator and managed care organisation for Discovery Health Medical Scheme and takes care of the administration of your membership.

Contact us

Tel (members): **0860 99 88 77**, Tel (health partners): **0860 44 55 66**, **www.discovery.co.za**, PO Box 784262, Sandton, 2146, 1 Discovery Place, Sandton, 2196.

Purpose of the form

This application form is for members that need oncology related lymphoedema (secondary to cancer) treatment. We will only consider funding requests from the member's treating healthcare professional, who must complete the application form.

What you must do

- Fill in the form in black ink and print clearly, or complete the form digitally.
- Please send the form and photographs to us by email at **DCO_ONCOLOGY@discovery.co.za**.
- Only applications received from healthcare professionals will be accepted.
- You will receive a letter informing you of our decision and what to do next for approved requests. You may call us if you would like to lodge a formal dispute for a declined decision. If you have any questions, you can call our call centre on **0860 99 88 77**.

1. Patient's details

Title ____ Initials ____

Surname ____

First name(s) ____

Gender M ☐ F ☐ Date of birth D D M M Y Y Y Y

ID or passport number ____ Membership number ____

Telephone (H) ____ Telephone (W) ____

Cellphone ____

Email ____

Referring practitioner's name ____

BHF practice number ____

Primary diagnosis ____

2. Lymph node status

Regional node dissection Yes ☐ No ☐ If yes, state region: ____

Sentinel lymph node biopsy Yes ☐ No ☐

Chemotherapy Yes ☐ No ☐ Still to be decided ☐

If yes Adjuvant ☐ Neoadjuvant ☐ Oral ☐

Radiation therapy Yes ☐ No ☐ Still to be decided ☐ Still due for radiology ☐

If yes, state area ____

3. Existing medical conditions and co-morbidities

4. Any factors that may complicate, influence or affect prognosis for lymphoedema treatment

(If more space is required, please describe on a separate letter attached to this motivation.)

5. Previous lymphoedema treatment (include nature of treatment and duration)

6. Limb circumference measurements (in cm)

Upper limb:	Right	Left	Lower limb:	Right	Left
Index finger			Big toe		
Thumb			Metatarsophalangeal		
Metacarpophalangeal			Mid-foot		
Distal wrist crease			Ankle		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
Elbow			Knee		

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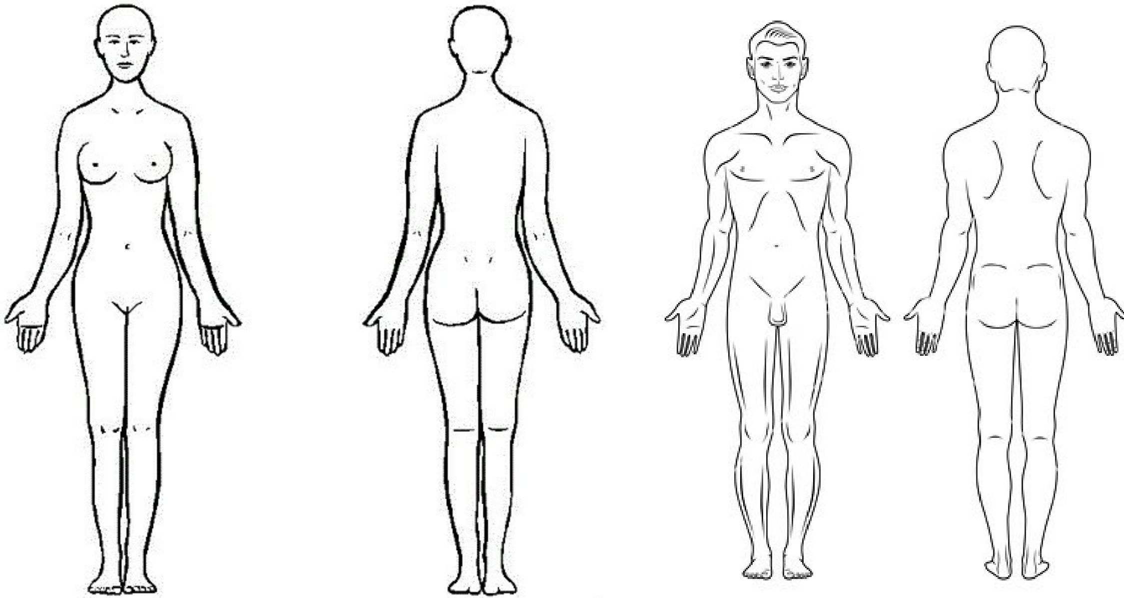
cm			cm		
cm			cm		
cm			cm		
cm			cm		
cm			cm		
Total limb vol:			Total limb vol:		
Excess total limb vol (%):			**Excess total limb vol (%):**		



7. Proposed treatment

Lymphoedema therapist

BHF practice number

Staging

Date of staging D D M M Y Y Y Y

Treatment start date D D M M Y Y Y Y

Initial consultation

Requested code	Cost

Treatment

Requested code	Cost	Frequency	Motivation

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Garments and bandages

NAPPI code	Cost	Quantity	Description

8. Total cost of proposed treatment

Initial visit	
Treatment plan	
Garments and bandages	
Total cost of proposed treatment	

Signature of healthcare professional

Date D D M M Y Y Y Y

Please only sign if information is true, complete and correct.

Discovery Health Medical Scheme is a registered medical scheme and regulated by the Council for Medical Schemes (CMS). The CMS contact details are as follows:
Email: complaints@medicalschemes.co.za | Customer Care Centre: 0861 123 267 | Website: www.medicalschemes.co.za | Physical address: Block A, Eco Glades 2 Office Park, 420 Witch – Hazel Avenue, Eco Park, Centurion, 0157

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