NSW GOVERNMENT Health
Sydney Local Health District

GRADUATED COMPRESSION THERAPY AUTHORITY

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

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

INDICATION

☐ Venous ☐ Mixed ☐ Lymphoedema ☐ Anti-Embolic
☐ Other ……

DIAGNOSTIC RESULTS	DATE	LEFT LEG	RIGHT LEG
☐ Ankle Brachial Pressure Index			
☐ Toe Brachial Pressure Index			
☐ Other Investigations			

BANDAGE - STRENGTH OF GRADUATE COMPRESSION THERAPY/LYMPHOEDEMA BANDAGING

LEFT LEG	RIGHT LEG	LYMPHOEDEMA BANDAGING INSTRUCTIONS:
☐ Short Stretch	☐ Short Stretch	……
☐ Long Stretch	☐ Long Stretch	……
☐ Multi-Layer	☐ Multi-Layer	……
☐ 20-30 mmHg	☐ 20-30 mmHg	……
☐ 30-40 mmHg	☐ 30-40 mmHg	
☐ 40-60mmHg	☐ 40-60mmHg	

OTHER: (e.g. Specific compression system required, toe compression therapy)

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TUBULAR BANDAGES/WRAPS

Left	Right	
☐	☐	Tubular Shaped Bandage
☐	☐	Tubular 3 Layer Graduated Compression
		Circle: (Light / Medium / High)
☐	☐	Wraps

COMPRESSION GARMENT/HOSIERY/STOCKINGS

Left	Right	
☐	☐	20-30mmHg
☐	☐	30-40mmHg
☐	☐	40-50mmHg
☐	☐	>50mmHg

ANTI-EMBOLIC

Left	Right
☐	☐

PNEUMATIC COMPRESSION DEVICE

☐ Below Knee ☐ Full Leg ☐ Left Leg ☐ Right Leg ☐ Other: ……

Pressure Setting (30-100mmHg): …… Frequency: ……

Comments: ……

AUTHORISING CLINICIAN

Date: …… Next Authority Due Date: ……

Name: …… Signature: ……

Designation: …… Contact Details: ……

BINDING MARGIN - NO WRITING

GRADUATED COMPRESSION THERAPY AUTHORITY

AMR 064.016

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