

THE DERCUM SOCIETY

Preparing to visit your Doctor

The information you will collect in this notebook will assist your Doctor throughout the diagnostic process by answering key questions relating to your body and its unique behaviors and reactions to diet and exercise. Begin this workbook before you go to visit your Doctor, and continue to use it throughout the diagnostic process. It is important that you answer each question as honestly as possible - if you're not completely honest during this evaluation, the inaccurate data could impact your Doctor's ability to accurately diagnose your condition.

BASIC PERSONAL INFORMATION

Name:			Birthdate:
Street Address:		Home Phone: () -	
City:	State/Province:	Zip:	Cell Phone: () -
Email Address:			

MEDICAL INFORMATION

Medical History: _____ _____ _____	Surgeries/Hospitalizations: _____ _____ _____
Medications: _____ _____	Allergies: _____ Supplements/Herbs: _____

EXERCISE ROUTINE

Describe Your Exercise Routine: _____ _____ _____ _____		
Date You Began Routine:	Repetitions Per Week:	Duration of Each Repetition:

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WEIGHT & MEASUREMENT CHART INSTRUCTIONS

Please follow these instructions to accurately measure your body once a week in order to track any changes in size. Please use a sewing-style tape measure, available from any craft, quilting, or sewing notions store. To achieve the most accurate results, have a friend measure you and write down the findings. Make sure that the tape measure is pulled snug against the skin without constricting it, and always be certain that it is level all the way around the area being measured.

1: Upper Arm Diameter

At the largest part of your upper arm, measure the diameter of your upper arm. Be sure to measure the same spot each week. To ensure you always measure the same spot, measure down the outside of the arm from the shoulder to the largest part of your arm. Note this measurement and in future weeks, use this measurement to find the largest part of your arm.

2: Forearm Diameter

Using the same technique as above, measure the diameter of the fullest part of your forearm.

3: Chest

Wrap the tape measure around your back and bring it around the chest. Be sure to measure at the fullest part of the breast or pectoral muscles. The tape measure should be resting across the tips of the shoulder blades on the back.

4: Ribs/Under Bust

Women: measure around your rib cage directly under your breasts, where the band of your bra would normally rest. Men: measure directly beneath your pectoral muscles.

5: Natural Waist

Your natural waist isn't necessarily where the waistband of your pants rest. The natural waist will be the smallest part of your abdomen, typically close to your belly button.

6: Hips

Typically measuring guides will tell you to measure the fullest part of your hips. In this case, the fullest part of the hips for Dercum's patients may be at the thighs. For the purpose of comparison, we're going to approach this differently. Find the tips of your hip bones and measure around your hips at this point. This should be roughly 7 to 9 inches below your natural waist, depending on your height and build.

7: Hips at Thighs

For Dercum's patients, the fullest part of the hips may be at the joint of the femur and the pelvis. Many patients report a ballooning of sorts at this area, where the size of the thighs is dramatically different from that of the hips. Find the fullest part of your thighs where they meet the hips, and measure all the way around your body, being sure to keep the tape measure level.

8: Thigh Diameter

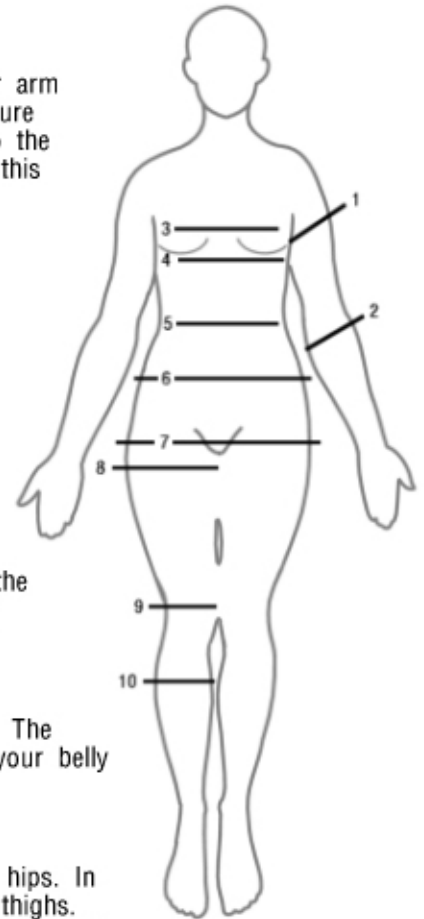
Find the largest part of each thigh individually and measure its diameter one thigh at a time. To find this spot again, measure down the front of the thigh from the tip of the hip bone and make a note of the length. Use it each week to find the fullest part of your thigh again.

9: Knee Diameter

Using the center of the kneecap as a guide, measure around each knee individually.

10: Calf Diameter

Measure around the fullest part of the calf. To find the same spot again, measure down the front of the leg from the kneecap to the fullest part of your calf. Make a note of this length to assist you later.



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WEEKLY WEIGHT & MEASUREMENT CHART

Date:	Weight:
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— MEASUREMENTS —		
Right Upper Arm Diameter:	Ribs/Under Bust:	Left Thigh Diameter:
Left Upper Arm Diameter:	Natural Waist:	Right Knee Diameter:
Right Forearm Diameter:	Hips:	Left Knee Diameter:
Left Forearm Diameter:	Hips at Thighs:	Right Calf Diameter:
Chest:	Right Thigh Diameter:	Left Calf Diameter:

Date:	Weight:
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— MEASUREMENTS —		
Right Upper Arm Diameter:	Ribs/Under Bust:	Left Thigh Diameter:
Left Upper Arm Diameter:	Natural Waist:	Right Knee Diameter:
Right Forearm Diameter:	Hips:	Left Knee Diameter:
Left Forearm Diameter:	Hips at Thighs:	Right Calf Diameter:
Chest:	Right Thigh Diameter:	Left Calf Diameter:

Date:	Weight:
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— MEASUREMENTS —		
Right Upper Arm Diameter:	Ribs/Under Bust:	Left Thigh Diameter:
Left Upper Arm Diameter:	Natural Waist:	Right Knee Diameter:
Right Forearm Diameter:	Hips:	Left Knee Diameter:
Left Forearm Diameter:	Hips at Thighs:	Right Calf Diameter:
Chest:	Right Thigh Diameter:	Left Calf Diameter:

Date:	Weight:
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— MEASUREMENTS —		
Right Upper Arm Diameter:	Ribs/Under Bust:	Left Thigh Diameter:
Left Upper Arm Diameter:	Natural Waist:	Right Knee Diameter:
Right Forearm Diameter:	Hips:	Left Knee Diameter:
Left Forearm Diameter:	Hips at Thighs:	Right Calf Diameter:
Chest:	Right Thigh Diameter:	Left Calf Diameter:

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DAILY FOOD DIARY

SUNDAY	Date:	Exercise:	YES	NO
Breakfast:				
Lunch:				
Dinner:				
Snack:				

TUESDAY	Date:	Exercise:	YES	NO
Breakfast:				
Lunch:				
Dinner:				
Snack:				

THURSDAY	Date:	Exercise:	YES	NO
Breakfast:				
Lunch:				
Dinner:				
Snack:				

SATURDAY	Date:	Exercise:	YES	NO
Breakfast:				
Lunch:				
Dinner:				
Snack:				

MONDAY	Date:	Exercise:	YES	NO
Breakfast:				
Lunch:				
Dinner:				
Snack:				

WEDNESDAY	Date:	Exercise:	YES	NO
Breakfast:				
Lunch:				
Dinner:				
Snack:				

FRIDAY	Date:	Exercise:	YES	NO
Breakfast:				
Lunch:				
Dinner:				
Snack:				

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WEEKLY PAIN ASSESSMENT

Date:

Rate Your Pain from 1 to 10:

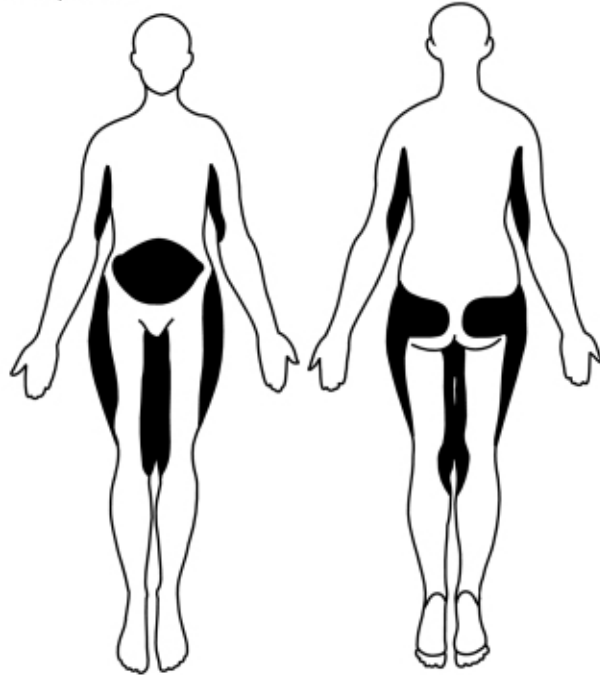
Describe Pain & Any Changes:

Number of Lipomas:

Describe Lipoma Pain:

Describe Changes in Size & Shape:

Indicate Pain & Lipomas:



Date:

Rate Your Pain from 1 to 10:

Describe Pain & Any Changes:

Number of Lipomas:

Describe Lipoma Pain:

Describe Changes in Size & Shape:

Indicate Pain & Lipomas:

