

Diabetes Foot Examination

Name: _____

Age: _____

Date: _____

I. Medical History (Per Patient)

- Diabetes (____Insulin) (____Oral) (____Diet)
- Hypertension
- Cardiovascular Disease
- Peripheral Vascular Disease
- Other _____

Blood Pressure _____

II. Current History (Per Patient)

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | History of foot exam When? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Current foot ulcer? |
| <input type="checkbox"/> | <input type="checkbox"/> | History of foot ulcer? When? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Intermittent Claudication - Frequency _____ |

Blood Glucose Level (Normal 80-110mg/dL) _____

Clinican Assessment

III. Vascular Findings (+) Present (-) Absent

	Left	Right
Dorsalis Pedis Pulse	_____	_____
Post Tibial Pulse	_____	_____
Foot Hair	_____	_____
Capillary Refill	_____	_____
Edema	_____	_____

IV. Structural

	Left	Right
Corn	<input type="checkbox"/>	<input type="checkbox"/>
Callus	<input type="checkbox"/>	<input type="checkbox"/>
Bunion	<input type="checkbox"/>	<input type="checkbox"/>
Charcot Joint	<input type="checkbox"/>	<input type="checkbox"/>
Hammer Toe	<input type="checkbox"/>	<input type="checkbox"/>

V. Nails

	Yes	No
Thick	<input type="checkbox"/>	<input type="checkbox"/>
Need Trim	<input type="checkbox"/>	<input type="checkbox"/>
Ingrown	<input type="checkbox"/>	<input type="checkbox"/>
Fungal	<input type="checkbox"/>	<input type="checkbox"/>
Discolored	<input type="checkbox"/>	<input type="checkbox"/>

VI. Sensory Exam

Indicate the level of sensation in the circles on the foot diagram

+ = Can feel the 10 gram nylon filament

- = Cannot feel the 10 gram nylon filament



VII. Skin Condition - foot and between the toes

1. Label Skin condition with:

- R** – Redness **S** – Swelling **W** – Warmth
D - Dryness **M** – Maceration **F** – Fissure

2. Draw pattern where there is:

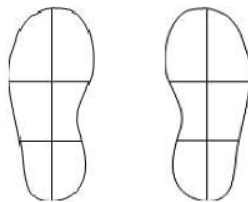


3. Ulcer Description: See wound assessment form.

VIII. Footwear

	Yes	No
Loose	<input type="checkbox"/>	<input type="checkbox"/>
Rubbing	<input type="checkbox"/>	<input type="checkbox"/>
Tight	<input type="checkbox"/>	<input type="checkbox"/>
Worn Lining	<input type="checkbox"/>	<input type="checkbox"/>
Bulges	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics	<input type="checkbox"/>	<input type="checkbox"/>

Wear Patterns



IX. Risk Categorization

Low-Risk

- All of the following:
- Intact protective sensation
 - No severe deformity
 - No prior foot ulcer
 - Pedal pulses present
 - No severe deformity
 - No amputation

High-Risk

- One or more of the following:
- Loss of protective sensation
 - Absent pedal pulses
 - Severe foot deformity
 - History of foot ulcer

X. Education

Prior Foot education? Yes No Able to demonstrate appropriate self care? Yes No

XI. Recommendations

- Schedule visit with personal Physician or Podiatrist
- Preventative Foot Care Education
- Wound Clinic
- Orthotics/New Shoes

Completed by: _____

Date: _____