

Comprehensive Diabetes Foot Examination Form

Adapted from the National Diabetes Education Program's Foot Screening Form

Name: _____ **Date:** _____ **Age:** _____

Age at Onset: _____ **Diabetes Type** 1 2 **Current Treatment:** Diet Oral Insulin

I. Medical History

(Check all that apply)

- Peripheral Neuropathy
- Cardiovascular Disease
- Nephropathy
- Retinopathy
- Peripheral Vascular Disease

II. Current History

- 1) Any change in the foot or feet since the last evaluation?
 Yes No
- 2) Current ulcer or history of a foot ulcer?
 Yes No
- 3) Is there pain in the calf muscles when walking that is relieved by rest?
 Yes No

III. Foot Exam

1) Are the nails thick, too long, ingrown or infected with fungal disease?
 Yes No

2) Note foot deformities

- Toe deformities Bunions Charcot foot Foot drop
- Prominent metatarsal heads
- Amputation (Specify date, side and level)

3) Pedal Pulses

(Fill in the blanks with a "P" or an "A" to indicate present or absent)

Posterior tibial:	Dorsalis pedis:
Left	Left
Right	Right

4) Skin Condition (Measure, drawin and label the patient's skin condition using the key and foot diagram to the right)

C = Callus R = Redness W = Warmth

F = Fissure S = Swelling U = Ulcer

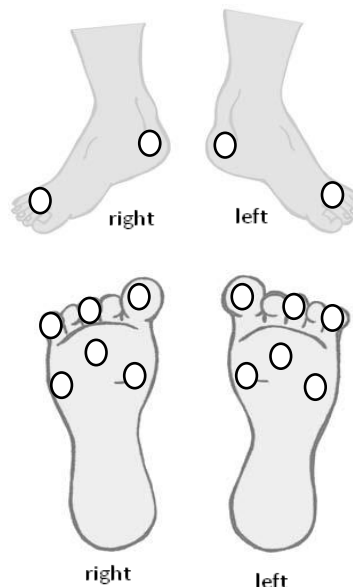
M = Maceration PU = Pre-ulcerative lesion D = Dryness

IV. Sensory Foot Exam

Label sensory level with a "+" in the five circled areas of the foot if the patient can feel the 5.07 Semmes-Weinstein (10-gram) nylon filament and "-" if the patient cannot feel the filament

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NOTES



V. Risk Categorization (Check appropriate item)

Low-Risk Patient

All of the following:

- Intact protective sensation
- No prior foot ulcer
- No severe deformity
- Pedal pulses present
- No amputation

High-Risk Patient

One or more of the following:

- Loss of protective sensation
- Absent pedal pulses
- Severe foot deformity
- History of foot ulcer

VI. Footwear Recommendations

- None
- Athletic shoes
- Accommodative inserts
- Custom shoes
- Depth shoes
- _____

VII. Refer To

- Diabetes Educator
- Podiatrist
- RN Foot Specialist
- Pedorthist
- Orthotist
- Endocrinologist
- Vascular Surgeon
- Foot Surgeon
- Rehab Specialist
- Other: _____

VIII. Follow-up Care

Schedule follow-up visit. Date: _____

Provider Signature

Date