

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, draw in and label the patient's skin condition using the key and foot diagram to the right.)

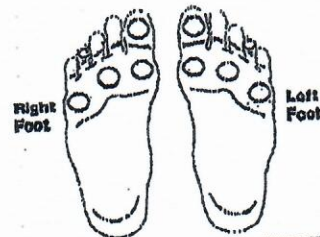
C = Callus R = Redness W = Warmth
 F = Fissure S = Swelling U = Ulcer
 M = Maceration PU = Pre-ulcerative lesion D = Dryness

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.

NOTES

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V. Risk Categorization (Check appropriate item.)

Low-Risk Patient

All of the following:

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

1. Does the patient wear appropriate shoes?
 Yes No
2. Does the patient need inserts/orthotics?
 Yes No

VII. Education

1. Has the patient had prior foot care education?
 Yes No
2. Can the patient demonstrate appropriate self-care?
 Yes No

VII. Management Plan (Check all that apply.)

- Provide patient education for preventive foot care.
- Refer to an APMA member podiatrist or an appropriate physician.

Date: _____

Provider Signature: _____