



Diabetes Foot Examination

Patient's Name (Last, First, MI) _____

Date: _____

Physician's Name _____

Sex: ☐ M ☐ F

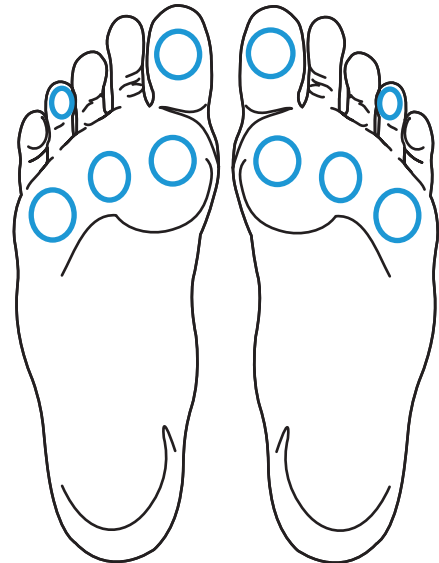
ID No: _____

D.O.B. _____

Check (✓) the appropriate boxes below to indicate findings on the right or left foot:

	No findings	Yes Left	Yes Right
Is there a foot ulcer now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of foot ulcer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an abnormal shape of the foot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there toe deformity? (bunions, hammertoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the toenails thick or ingrown? (fungal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a callus buildup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there swelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there elevated skin temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there muscle weakness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there lower extremity pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a previous amputation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a blister or laceration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the patient see the bottom of his/her feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient use footwear appropriate for his/her category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			

Vascular Findings: (+) Present (-) Absent		
Dorsalis Pedis Pulse	_____	_____
Post Tibial Pulse	_____	_____
Foot Hair	_____	_____
Capillary Refill	_____	_____



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

Skin conditions on the foot and between the toes:

1) Draw pattern where there is: Callus  Pre-Ulcer  Ulcer  (note ulcer size in cm.)

2) Label: Skin condition with **R** - Redness, **S** - Swelling, **W** - Warmth, **D** - Dryness, and/or **M** - Maceration

Risk Category:

- 0 = No loss of protective sensation
1 = Loss of protective sensation with no weakness, deformity, callus, pre-ulcer or history of ulceration
2 = Loss of protective sensation with weakness, deformity, pre-ulcer or callus but no history of ulceration or poor circulation
3 = History of plantar ulceration or neuropathic fracture

Refer to:

_____ Primary Care Provider	_____ Endocrinologist
_____ Certified Diabetes Educator	_____ Vascular surgeon
_____ Podiatrist	_____ Other _____
_____ Orthotist	

Follow-up Care: Schedule follow-up visit. Date: _____

Signature: _____

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Suite 102
Las Vegas, NV 89118
702.742.1964



Diabetic Foot Examination Risk Categories

Risk Category 0	Management Guide 0	Footwear Guide 0
<ul style="list-style-type: none"> Has a disease that can lead to insensitivity Has protective sensation No history of ulcer/amputation or lower extremity disease 	<ul style="list-style-type: none"> Examine feet at each visit Annual comprehensive lower extremity exam Refer for patient education 	<ul style="list-style-type: none"> Shoes of proper style and fit Wear shoes and socks at all times Do NOT walk barefoot, not even indoors
Risk Category 1	Management Guide 1	Footwear Guide 1
<ul style="list-style-type: none"> May or may not have protective sensation May or may not have foot deformity No history of ulcer/amputation or lower extremity disease 	<ul style="list-style-type: none"> Above steps AND Comprehensive lower extremity exam every 3-6 months 	<ul style="list-style-type: none"> Previous steps AND Depth shoes or running shoes (extra depth) Non-molded soft insoles
Risk Category 2	Management Guide 2	Footwear Guide 2
<ul style="list-style-type: none"> Does not have protective sensation Does have a foot deformity No history of ulcer/amputation or lower extremity disease 	<ul style="list-style-type: none"> Above steps AND Refer to specialists as indicated 	<ul style="list-style-type: none"> Previous steps AND Rigid rocker Custom molded foot orthoses
Risk Category 3	Management Guide 3	Footwear Guide 3
<ul style="list-style-type: none"> Does not have protective sensation Has a history of plantar ulcer or neuropathic fracture (Charcot) Has a history of prior amputation 	<ul style="list-style-type: none"> Same as above steps 	<ul style="list-style-type: none"> Previous steps AND Rigid rocker or Ankle Foot Orthosis (AFO) with rigid rocker

Websites—The editorial committee has identified a select number of websites about foot care.

- ❖ National Diabetes Education Program: www.ndep.nih.gov
- ❖ American Diabetes Association: www.diabetes.org
- ❖ For Health Care Professionals - ADA Position Statement: Preventive Foot Care in People With Diabetes; Diabetes Care 26:S78-S79, 2003: http://care.diabetesjournals.org/content/26/suppl_1/s78.full
- ❖ For Patients - Taking Care of Your Body: Foot Care: www.diabetes.org
- ❖ National Institute of Health: www.niddk.nih.gov/health/diabetes/diabetes.htm
- ❖ Feet Can Last a Lifetime: www.niddk.nih.gov/health/diabetes/feet/feet.htm
- ❖ Lower Extremity Amputation Prevention (LEAP) Program: www.hrsa.gov/leap/default.htm

Please note that these websites do not necessarily represent the views of iDo. They are listed here for your reference and convenience. iDo does not evaluate website for content, accuracy or application to any clinical situation.

Monofilament Resources: Purchasing Monofilaments—Monofilaments are a cost effective method of testing for the presence or absence of protective sensation. They are an easy way to engage patients to actively participate in their care and decrease the incidence of foot ulcerations and amputations. The LEAP website includes organizations that sell monofilaments. www.hrsa.gov/leap/default.htm

Source: New Mexico Healthcare Takes On Diabetes

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