

# 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

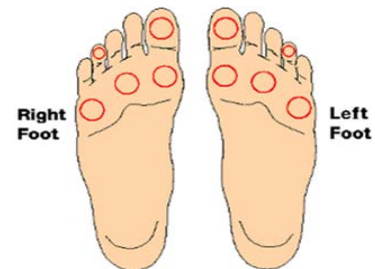
M = Maceration PU = Pre-ulcerative lesion D = Dryness

## 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

NOTES



## 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: \_\_\_\_\_