

Annual Comprehensive Diabetes Foot Exam Form

Name: _____ Date: _____ ID#: _____

<p>I. Presence of Diabetes Complications 1. Check all that apply. <input type="checkbox"/> Peripheral Neuropathy <input type="checkbox"/> Nephropathy <input type="checkbox"/> Retinopathy <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Amputation (Specify date, side, and level) _____</p>	<p>2. Any change in the foot since the last evaluation? Y ___ N ___ 3. Any shoe problems? Y ___ N ___ 4. Any blood or discharge on socks or hose? Y ___ N ___ 5. Smoking history? Y ___ N ___ 6. Most recent hemoglobin A1c result _____% _____ date</p>	<p><i>Measure, draw in, and label the patient's skin condition, using the key and the foot diagram below.</i> C=Callus U=Ulcer PU=Pre-Ulcer F=Fissure M=Maceration R=Redness S=Swelling W=Warmth D=Dryness</p> <p>2. Note Musculoskeletal Deformities <input type="checkbox"/> Toe deformities <input type="checkbox"/> Bunions (Hallus Valgus) <input type="checkbox"/> Charcot foot <input type="checkbox"/> Foot drop <input type="checkbox"/> Prominent Metatarsal Heads</p>
<p>Current ulcer or history of a foot ulcer? Y ___ N ___</p> <p><i>For Sections II & III, fill in the blanks with "Y" or "N" or with an "R," "L," or "B" for positive findings on the right, left, or both feet.</i></p> <p>II. Current History 1. Is there pain in the calf muscles when walking that is relieved by rest? Y ___ N ___</p>	<p>III. Foot Exam 1. Skin, Hair, and Nail Condition Is the skin thin, fragile, shiny and hairless? Y ___ N ___ Are the nails thick, too long, ingrown, or infected with fungal disease? Y ___ N ___</p>	<p>3. Pedal Pulses Fill in the blanks with a "P" or an "A" to indicate present or absent. Posterior tibial Left ___ Right ___ Dorsalis pedis Left ___ Right ___</p>

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

Notes



Right Foot

Notes



Left Foot

IV. Risk Categorization Check appropriate box.

<input type="checkbox"/> Low Risk Patient	<input type="checkbox"/> High Risk Patient
All of the following:	One or more of the following:
<input type="checkbox"/> Intact protective sensation	<input type="checkbox"/> Loss of protective sensation
<input type="checkbox"/> Pedal pulses present	<input type="checkbox"/> Absent pedal pulses
<input type="checkbox"/> No deformity	<input type="checkbox"/> Foot deformity
<input type="checkbox"/> No prior foot ulcer	<input type="checkbox"/> History of foot ulcer
<input type="checkbox"/> No amputation	<input type="checkbox"/> Prior amputation

V. Footwear Assessment Indicate yes or no.

1. Does the patient wear appropriate shoes? Y ___ N ___
 2. Does the patient need inserts? Y ___ N ___
 3. Should corrective footwear be prescribed? Y ___ N ___

VI. Education Indicate yes or no.

1. Has the patient had prior foot care education? Y ___ N ___
 2. Can the patient demonstrate appropriate foot care? Y ___ N ___
 3. Does the patient need smoking cessation counseling?
 Y ___ N ___
 4. Does the patient need education about HbA1c or other diabetes self-care? Y ___ N ___

Provider Signature _____

VII. Management Plan Check all that apply.

1. Self-management education:
 Provide patient education for preventive foot care. Date: _____
 Provide or refer for smoking cessation counseling. Date: _____
 Provide patient education about HbA1c or other aspect of self-care. Date: _____

2. Diagnostic studies:
 Vascular Laboratory
 Hemoglobin A1c (at least twice per year)
 Other: _____

3. Footwear recommendations:
 None
 Athletic shoes
 Accommodative inserts
 Custom shoes
 Depth shoes

4. Refer to:
 Primary Care Provider
 Diabetes Educator
 Podiatrist
 RN Foot Specialist
 Pedorthist
 Orthotist
 Endocrinologist
 Vascular Surgeon
 Foot Surgeon
 Rehab. Specialist
 Other: _____

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

Detach and reproduce for your practice