



**Diabetic Foot Examination**

**Chief Complaint:**

- Here for diabetic foot evaluation and counseling.
- Additional question(s) or concern(s): \_\_\_\_\_

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- Old chart not available

**History:** Diabetic x \_\_\_\_ number of years. On oral agents insulin diet only other \_\_\_\_.

Checking glucose at home? No Yes. If yes, usual value is: \_\_\_\_.

Taking medications regularly (if applicable): Yes No – Why? \_\_\_\_\_.

Frequency of checking glucose: once-a-day (morning) once-a-day (evening) twice-a-day  
more than twice-a-day

Problems with feet?  No Yes If yes, then:

	Yes	No
Numbness?		
Pain?		
Ulcers?		
Calluses?		
Thick toe nails?		
Fungus?		
Dryness of skin?		

**PMH:** HTN

CAD Neuropathy Nephropathy

Peripheral vascular disease

Other significant PMH: \_\_\_\_\_

Last LDL: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Medications:**

- Medication list reviewed; no changes
- Medication list reviewed and updated

**Pneumococcal and Influenza Vaccinations:**

Influenza vaccine received? No Yes on \_\_/\_\_/\_\_

Pneumococcal vaccine received? No Yes on \_\_/\_\_/\_\_

**Review of Systems:**

	Yes	No		Yes	No	
Constitutional Sxs?			Foot ulcers?			Last eye exam (date):
Chest pain?			Decreased vision?			Last foot exam (date):
Claudication?						Last creatinine (date/value):
Edema?						Last HbA1c (date/value):

(SEE REVERSE)