

Physical Exam:

Vital Signs: Weight: _____ lbs. Blood Pressure: _____

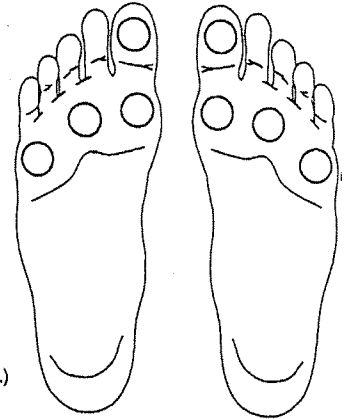
Indicate the level of sensation in the circles:

⊕ = Can feel the 10 gram nylon filament




⊖ = Cannot feel the 10 gram nylon filament

Examination of Feet:

	No	Yes	Comments:
Is there a foot ulcer now?			
Is there an abnormal shape of foot?			
Is there toe deformity?			
Are the toenails thick or ingrown?			
Is there callus buildup?			
Is there elevated skin temperature?			
Is the patient wearing improperly fitting shoes?			
Does the patient use footwear inappropriate for category?			
Can the patient see bottom of feet?			



Skin Conditions on the foot and between the toes:

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

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

Impression:

Risk Category (see back page for fuller description and proposed interventions):

- ___ 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.

Plan:

Specialty referral given: No Yes – to Podiatry Other specialty: _____

Discussed routine foot care with patient: No Yes

Directed to Certified Diabetic Educator? No Yes

Pneumococcal vaccination ordered (0.5cc IM) No Yes

Influenza vaccination ordered (0.5cc IM) No Yes

Follow-up: _____

Signature: _____ MD/DO NP PA **Date:** __/__/__

Didactic education on foot care given? No Yes

Educational material given on foot care? No Yes

Signature: _____ Certified Diabetic Educator RN **Date:** __/__/__