

Label

Diabetic Foot Examination

Chief Complaint:

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

- 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 medication 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):

Physical Exam:

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

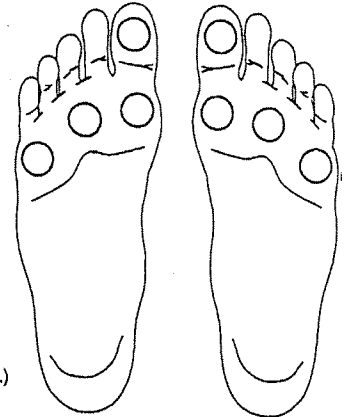
Indicate the level of sensation in the circles:

⊕ = 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:** __/__/__