

ANNUAL COMPREHENSIVE DIABETES FOOT EXAM FORM

Name: _____ Date: _____ ID#: _____

I. Presence of Diabetes Complications
 1. Check all that apply.
 Peripheral Neuropathy
 Nephropathy
 Retinopathy
 Peripheral Vascular Disease
 Cardiovascular Disease
 Amputation (Specify date, side, and level)

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

Measure, draw in, and label the patient's skin condition, using the key and the foot diagram below.
 C=Callus U=Ulcer PU=Pre-Ulcer
 F=Fissure M=Maceration R=Redness
 S=Swelling W=Warmth D=Dryness

Current ulcer or history of a foot ulcer?
 Y ___ N ___

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 ___

2. Note Musculoskeletal Deformities
 Toe deformities
 Bunions (Hallus Valgus)
 Charcot foot
 Foot drop
 Prominent Metatarsal Heads

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 _____

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.

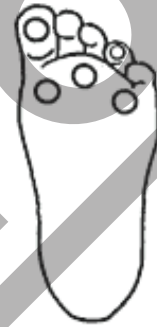
II. Current History
 1. Is there pain in the calf muscles when walking that is relieved by rest?
 Y ___ N ___

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) Semme ament and "-" if the patient cannot feel the filament.

Notes _____



Right Foot



Left Foot

5. Vibration Perception with 128-Hz tuning fork
 Check appropriate box.
 Normal (+)
 Abnormal (-)

IV. Risk Categorization Check appropriate box.
 Low Risk Patient All of the following:
 Intact protective sensation
 Pedal pulses present
 No deformity
 No prior foot ulcer
 No amputation
 High Risk Patient One or more of the following:
 Loss of protective sensation
 Absent pedal pulses
 Foot deformity
 History of foot ulcer
 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 ___

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
 Socks

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: _____

Provider Signature _____

PROGRESS NOTES must contain documentation of foot exam.

Diagnoses in notes must match the conditions on the Statement of Certifying Physician.