

# Diabetes foot examination



Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

## I. Medical history (per patient)

- Diabetes (\_\_\_\_ Insulin) (\_\_\_\_ Oral) (\_\_\_\_ Diet)
- Hypertension
- Cardiovascular disease
- Peripheral vascular disease
- Other \_\_\_\_\_

Blood pressure \_\_\_\_\_

## II. Current history (per patient)

### Yes No

- History of foot exam? When? \_\_\_\_\_
- Current foot ulcer?
- History of foot ulcer? When? \_\_\_\_\_
- Intermittent claudication –

Frequency \_\_\_\_\_

\_\_\_\_\_ Blood glucose level (normal 80-110 mg/dL)

## Clinician assessment

### III. Vascular Findings

(+) Present Left      (-) Absent Right

Dorsalis pedis pulse	_____	_____
Posterior tibial pulse	_____	_____
Foot hair	_____	_____
Capillary refill	_____	_____
Edema	_____	_____

### VI. Sensory exam

Indicate the level of sensation in the circles on the foot diagram:

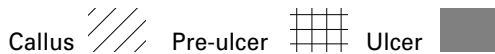
- + = Can feel the 10-gram nylon filament
- = Cannot feel the 10-gram nylon filament

### VII. Skin condition – foot and between the toes

1. Label skin condition with:

- R** – Redness    **S** – Swelling    **W** – Warmth
- D** – Dryness    **M** – Maceration    **F** – Fissure

2. Draw pattern where there is:



3. Ulcer description: See wound assessment form.

### IV. Structural

Left Right

Corn	<input type="checkbox"/>	<input type="checkbox"/>
Callus	<input type="checkbox"/>	<input type="checkbox"/>
Bunion	<input type="checkbox"/>	<input type="checkbox"/>
Charcot joint	<input type="checkbox"/>	<input type="checkbox"/>
Hammer toe	<input type="checkbox"/>	<input type="checkbox"/>

### V. Nails

Yes No

Thick	<input type="checkbox"/>	<input type="checkbox"/>
Need trim	<input type="checkbox"/>	<input type="checkbox"/>
Ingrown	<input type="checkbox"/>	<input type="checkbox"/>
Ingrown	<input type="checkbox"/>	<input type="checkbox"/>
Discolored	<input type="checkbox"/>	<input type="checkbox"/>

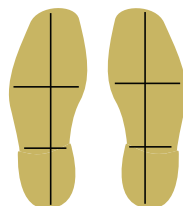


### VIII. Footwear

Yes No

Wear patterns

Loose	<input type="checkbox"/>	<input type="checkbox"/>
Rubbing	<input type="checkbox"/>	<input type="checkbox"/>
Tight	<input type="checkbox"/>	<input type="checkbox"/>
Worn lining	<input type="checkbox"/>	<input type="checkbox"/>
Bulges	<input type="checkbox"/>	<input type="checkbox"/>
Orthotics	<input type="checkbox"/>	<input type="checkbox"/>



### IX. Risk categorization

#### Low-risk

All of the following:

- Intact protective sensation
- No severe deformity
- No prior foot ulcer
- Pedal pulses present
- No severe deformity
- No amputation

#### High-risk

All of the following:

- Loss of protective sensation
- Absent pedal pulses
- Severe foot deformity
- History of foot ulcer

### X. Education

Prior foot education?  Yes  No

Able to demonstrate appropriate self-care?  Yes  No

### XI. Recommendations

- Schedule visit with personal physician or podiatrist
- Preventative foot care education

- Wound clinic
- Orthotics/new shoes

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_