

Comprehensive Diabetes Foot Examination Form

Adapted from the National Diabetes Education Program's Foot Screening Form

Name: _____ Date: _____ Age: _____

Age at Onset: _____ Diabetes Type 1 2

Current Treatment: Diet Oral Insulin

I. Medical History

(Check all that apply.)

- Peripheral Neuropathy Retinopathy
 Cardiovascular Disease Peripheral Vascular Disease
 Nephropathy _____

Most recent hemoglobin A1c results _____% _____ date

II. Current History

1. Any change in the foot or feet since the last evaluation?
 Yes No
2. Current ulcer or history of a foot ulcer?
 Yes No
3. Is there pain in the calf muscles when walking that is relieved by rest?
 Yes No

III. Foot Exam

1. Are the nails thick, too long, ingrown or infected with fungal disease?
 Yes No
2. Note foot deformities.
 Toe deformities Bunions Charcot foot Foot drop
 Prominent metatarsal heads
 Amputation (Specify date, side and level.)

3. Pedal Pulses
(Fill in the blanks with a "P" or an "A" to indicate present or absent.)
Posterior tibial: _____ Dorsalis pedis: _____
Left _____ Left _____
Right _____ Right _____
4. Is the skin thin, fragile, shiny and hairless?
 Yes No
5. Is there evidence of callus formation?
 Yes No
6. Are there signs of pre-ulceration?
 Yes No
7. Any blood or discharge on the socks or hose?
 Yes No

IV. Sensory Foot Exam

Label sensory level with a "+" in the five circled areas of the foot if the patient can feel the 5.07 Semmes-Weinstein (10-gram) nylon monofilament and "-" if the patient cannot feel the filament.

(Measure, draw in and label the patient's skin condition)

(C) = Callus (R) = Redness (W) = Warmth
(F) = Fissure (S) = Swelling (U) = Ulcer
(M) = Maceration (PU) = Pre-ulcerative lesion
(D) = Dryness



V. Risk Categorization (Check appropriate item.)

Low-Risk Patient

All of the following:

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

High-Risk Patient One or more of the following:

- Loss of protective sensation
 Absent pedal pulses
 Foot deformity
 History of foot ulcer
 Previous Amputation

VI. Footwear Assessment

1. Does the patient wear appropriate shoes?
 Yes No
2. Does the patient need diabetic shoes/ inserts?
 Yes No

VII. Education

1. Has the patient had prior foot care education?
 Yes No
2. Can the patient demonstrate appropriate foot-care?
 Yes No

VIII. Management Plan (Check all that apply)

- Provide patient education for preventative foot care. Date: _____
 Provide patient education about HbA1c or other aspect of self-care.

Diagnostic studies: Vascular Laboratory

- Hemoglobin A1c
 Other _____

Date: _____ Provider Signature: _____