

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

- Label skin condition with:
R – Redness **S** – Swelling **W** – Warmth
D – Dryness **M** – Maceration **F** – Fissure

- Draw pattern where there is:

Callus Pre-ulcer Ulcer

- Ulcer description: See wound assessment form.

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"/>	

IV. Structural

	Left	Right	V. Nails	Yes	No
Corn	<input type="checkbox"/>	<input type="checkbox"/>	Thick	<input type="checkbox"/>	<input type="checkbox"/>
Callus	<input type="checkbox"/>	<input type="checkbox"/>	Need trim	<input type="checkbox"/>	<input type="checkbox"/>
Bunion	<input type="checkbox"/>	<input type="checkbox"/>	Ingrown	<input type="checkbox"/>	<input type="checkbox"/>
Charcot joint	<input type="checkbox"/>	<input type="checkbox"/>	Ingrown	<input type="checkbox"/>	<input type="checkbox"/>
Hammer toe	<input type="checkbox"/>	<input type="checkbox"/>	Discolored	<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: _____