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)

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

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 ____

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 ____

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 ____

Provider Signature ___________________________

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
   [ ] Custom shoes
   [ ] Athletic shoes
   [ ] Depth shoes
   [ ] Accommodative inserts
   [ ] 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: __________

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=Fracture M=Maceration R=Redness S=Swelling W=Warmth D=Dryness

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 ______

V. 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) Semmes-Kemner a ment and “-” if the patient cannot feel the filament.

Right Foot

Left Foot

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