

Diabetic Foot Screen

Patient Name: _____ Date: _____

Medicare? Yes No ID #: _____ Practitioner: _____

Fill in the following blanks with "R" for right, "L" for left, or "B" for both feet:

Has there been a change in the foot since the last evaluation?	Yes _____	No _____
Is there a foot ulcer now or history of foot ulcer?	Yes _____	No _____
Does the foot have an abnormal shape?	Yes _____	No _____
Is there weakness in the ankle or foot?	Yes _____	No _____
Are the nails thick, too long or ingrown?	Yes _____	No _____
Has there been a non-traumatic amputation?	Yes _____	No _____

Circle As Appropriate:

	Right			Left		
Pulses						
Dorsalis Pedis Artery	palpable	non-palpable	bounding	palpable	non-palpable	bounding
Posterior Tibial Artery	palpable	non-palpable	bounding	palpable	non-palpable	bounding
Capillary Refill						
Hallux	normal		delayed	normal		delayed
Temperature						
Foot	cold	cool	warm	cold	cool	warm
Toes	cold	cool	warm	cold	cool	warm
Edema						
Foot	0/1+/2+/3+		pitting/non-pitting	0/1+/2+/3+		pitting/non-pitting
Ankle	0/1+/2+/3+		pitting/non-pitting	0/1+/2+/3+		pitting/non-pitting

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



Draw in: Callus Pre-Ulcer Ulcer

Label: Skin condition with **R** = Redness **S** = Swelling **W** = Warmth **D** = Dryness **M** = Maceration

A1c test: Date: _____ Value: _____ Date test ordered: _____

Risk Category (check one)

- 0 No loss of protective sensation
- 1 Loss of protective sensation but no weakness, deformity, callus, pre-ulcer or hx of ulceration
- 2 Loss of protective sensation w/weakness, deformity, pre-ulcer or callus, no hx of ulceration
- 3 Hx of plantar ulceration, significant vascular disease

Treatment

- 0 = Annual exam, daily self-exam.
- 1 = Consider extra-depth shoes and inserts; semi-annual exam; daily self-exam.
- 2 = Extra depth or custom shoes and inserts, semi-annual exam; daily self-exam.
- 3 = Custom shoes and inserts, quarterly exam; daily self-exam.