
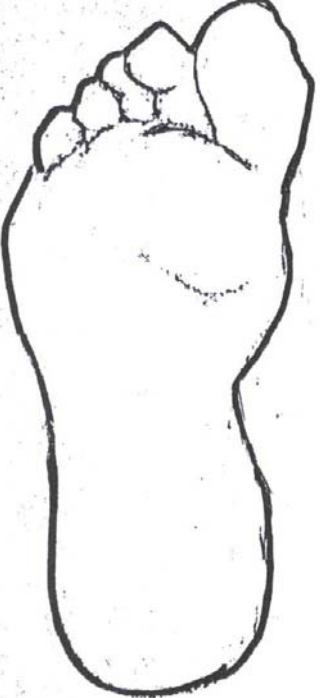

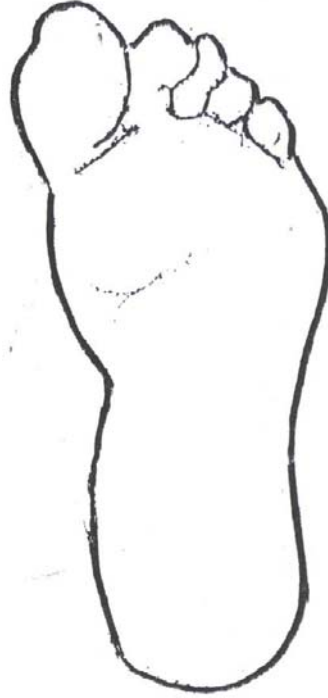


ANNUAL DIABETES FOOT EXAM FORM

Note placement of

- calluses,
- pre-ulceration areas,
- ulceration areas, or
- areas lacking sensitivity.

 	 
<p>Comments:</p>	<p>Comments:</p>
<p>Right foot</p>	<p>Left foot</p>

NAME:	
DOB:	
MR#:	
<i>*Circle or check findings as they apply</i>	
Hx of amputation?	Right / Left
Hx of ulceration?	
Right: No Yes	Date: _____
Left: No Yes	Date: _____
Pt able to see bottom of feet?	No Yes
Pt wearing properly fitting shoes?	No Yes
FOOT EXAM	
<input type="checkbox"/> Foot exam	WNL
<input type="checkbox"/> PAD exam	WNL
<i>(If abnormal-circle which foot)</i>	
Foot ulcer?	No / Right / Left
Abnormal shape?	No / Right / Left
Charcot foot?	No / Right / Left
Toe deformity?	No / Right / Left
Thick or ingrown toenails?	No / Right / Left
Callus build-up?	No / Right / Left
Edema?	No / Right / Left
Elevated skin temp?	No / Right / Left
Decreased circulation?	No / Right / Left
Loss of sensation?	No / Right / Left
Muscle weakness?	No / Right / Left
PERIPHERAL ARTERY DISEASE (PAD) SCREEN	
History of claudication?	No Yes
Pedal pulses present?	No Yes
Notes:	
Ankle Brachial Index (ABI) obtained?	No Yes
Results:	
NOTES:	
REFERRAL MADE TO:	
To:	
Appt Date:	
Exam Date:	
Signature:	