

Name:	MHSC:	Location:
Treaty #:	DOB:	Date:

Treatment Summary		Y	N		Y	N		Y	N		Y	N
	Nail Care			Callus/corns pared			Ulcer debrided			Dressing change		

For Sections II and III fill in the blanks with an 'R', 'L', or 'B' for positive findings on the right, left, or both feet

I Medical History (check all that apply) Type: DM:1 <input type="checkbox"/> 2 <input type="checkbox"/> Date of Onset: _____ Current Treatment: Diet <input type="checkbox"/> Oral <input type="checkbox"/> Insulin <input type="checkbox"/> HgA1C Date: _____ Value: _____ Smoker: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Peripheral Neuropathy <input type="checkbox"/> Nephropathy <input type="checkbox"/> Retinopathy <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Cardiovascular disease																																																																		
II Current History Any change in the foot since the last evaluation? Current ulcer or history of foot ulcer? Is there intermittent claudication? Mobility Issues: Does the patient wear appropriate shoes? Foot Orthosis?	III Foot Exam Nail Condition: _____ Note foot deformities ___ Toe deformities –hammer/claw ___ Bony prominence ___ Charcot foot ___ Foot drop ___ Prominent Metatarsal Heads ___ Amputation ___ Hallux Limitus/Rigidus ___ Pes Planus/Cavus	IV ROM/Strength <table border="1"> <thead> <tr> <th>R ROM</th> <th>R MMT</th> <th>L MMT</th> <th>L ROM</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>Ankle DF</td><td></td></tr> <tr><td></td><td></td><td>Ankle PF (s.w.a.)</td><td></td></tr> <tr><td></td><td></td><td>Ankle Inversion</td><td></td></tr> <tr><td></td><td></td><td>Ankle Eversion</td><td></td></tr> <tr><td></td><td></td><td>Great Toe flexion</td><td></td></tr> <tr><td></td><td></td><td>Great Toe Extension</td><td></td></tr> <tr><td></td><td></td><td>Intrinsics (s.w.a.)</td><td></td></tr> </tbody> </table> V Vascular Pedal Pulses (Fill in the blanks with a 'P' or 'A' to indicate Present or Absent) <table border="1"> <thead> <tr> <th></th> <th>R</th> <th>L</th> <th></th> <th>R</th> <th>L</th> </tr> </thead> <tbody> <tr><td>Posterior tibial</td><td></td><td></td><td>Rubor</td><td></td><td></td></tr> <tr><td>Dorsalis pedis</td><td></td><td></td><td>Cyanosis</td><td></td><td></td></tr> <tr><td>Capillary Refill > 3 sec</td><td></td><td></td><td>Gangrene</td><td></td><td></td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Toe Pressure</th> <th>R</th> <th>L</th> <th>A</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>	R ROM	R MMT	L MMT	L ROM			Ankle DF				Ankle PF (s.w.a.)				Ankle Inversion				Ankle Eversion				Great Toe flexion				Great Toe Extension				Intrinsics (s.w.a.)			R	L		R	L	Posterior tibial			Rubor			Dorsalis pedis			Cyanosis			Capillary Refill > 3 sec			Gangrene			Toe Pressure	R	L	A				
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NOTES: Skin Condition (Measure, Draw In, And Label The Patient's Skin Condition, Using The Key And The Foot Diagram Below.) C= <input type="checkbox"/> Callus F= <input type="checkbox"/> issure U= <input type="checkbox"/> lcer S= <input type="checkbox"/> welling R= <input type="checkbox"/> edness D= <input type="checkbox"/> ryness M= <input type="checkbox"/> aceration W= <input type="checkbox"/> armth PU= <input type="checkbox"/> re-Ulcerative Lesion																																																																		

VI Sensory Foot Exam Use 10 gm nylon filament - Label sensory level with '+' if patient can feel '-' if patient cannot feel



VII Foot Risk Category (circle appropriate number) 0 No loss of protective sensation 1 Loss of protective sensation 2 Loss of protective sensation & deformity 3 History of diabetic foot ulcer	VIII Management Plan (check all that apply) <input type="checkbox"/> Patient Education/Foot Care/Return demo/Lifestyle <input type="checkbox"/> Refer to Orthopaedics, Vascular, or I.D. <input type="checkbox"/> Refer for custom made insoles or footwear <input type="checkbox"/> Refer local resources <input type="checkbox"/> Return date
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Follow up notes _____

Signature _____