

# Diabetic Foot Examination

<b>Patient information</b>		
<b>Name:</b>		<b>Date of birth:</b>
<b>Gender:</b>		<b>Date of assessment:</b>
<b>Chief complaint</b>		
Here for diabetic foot evaluation and counseling		Additional question(s)/concern(s):
Old chart not available		
<b>Medical history</b>		
<b>Diabetic? If yes, indicate number of years:</b>		
<b>Are you on:</b>		
Oral agents		Insulin
Diet only		Others, specify:
<b>Checking glucose at home?</b>		
Yes		No
If yes, usual value is:		
<b>Taking medications regularly? (check only if applicable)</b>		
Yes		No
If no, indicate reason:		
<b>Frequency of checking glucose:</b>		
Once a day (morning)		Once a day (evening)
Twice a day		More than twice a day
<b>Problems with feet?</b>		
Yes		No
If yes, then:		
<b>Symptoms</b>		
Numbness?	Yes	No
Pain?	Yes	No
Ulcers?	Yes	No
Calluses?	Yes	No

Thick toe nails?	Yes	No
Fungus?	Yes	No
Dryness of skin?	Yes	No
<b>Past medical history</b>		
Hypertension (HTN)	Coronary artery disease (CAD)	
Neuropathy	Nephropathy	
Peripheral vascular disease		
Other significant PMH:		
Last LDL:	Date:	
<b>Medications</b>		
Medication list reviewed; no changes	Medication list reviewed and updated	
<b>Pneumococcal and influenza vaccinations:</b>		
Influenza vaccine received?		
Yes, on:	No	
Pneumococcal vaccine received?		
Yes, on:	No	
<b>Review of systems</b>		
Constitutional symptoms?	Yes	No
Chest pain?	Yes	No
Claudication?	Yes	No
Edema?	Yes	No
Foot ulcers?	Yes	No
Decreased vision?	Yes	No
Last foot exam (date):	Last eye exam (date):	
Last creatinine (date):	Last HbA1c (date):	
Last creatinine (value):	Last HbA1c (value):	
<b>Physical exam</b>		
Vital signs:	Weight:	BP:
<b>Examination of feet:</b>		
Is there a foot ulcer now?	Yes	No

Is there an abnormal shape of foot?	Yes	No
Is there toe deformity?	Yes	No
Are the toenails thick or ingrown?	Yes	No
Is there callus buildup?	Yes	No
Is there elevated skin temperature?	Yes	No
Is the patient wearing improperly fitting shoes?	Yes	No
Does the patient use footwear inappropriate for category?	Yes	No
Can the patient see bottom of the feet?	Yes	No

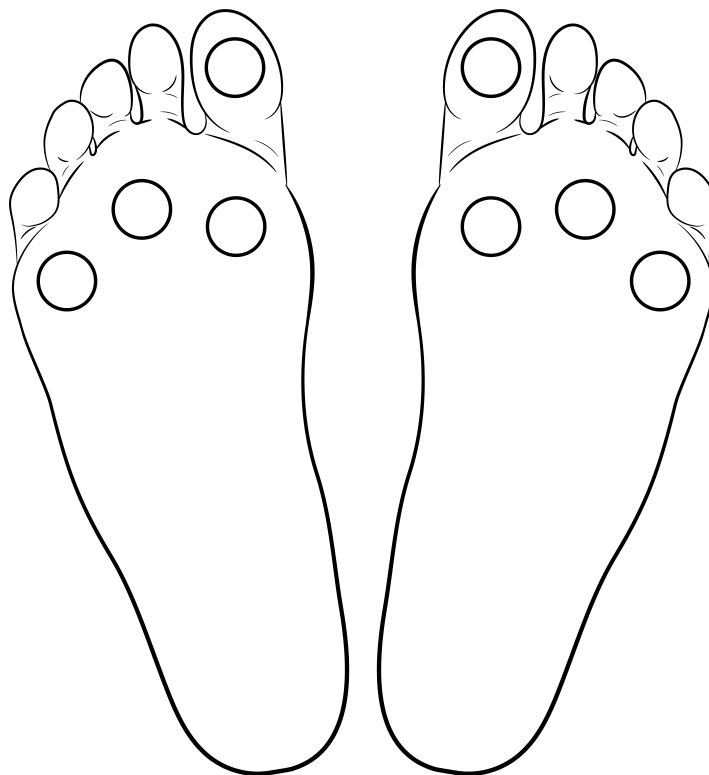
**Comments:**

No significant clinical findings

Indicate the level of sensation in the circles:

⊕ - Can feel the 10 gram nylon filament

⊖ - Cannot feel the 10 gram nylon filament



**Skin conditions on the foot and between the toes**

1. Draw a pattern where there is:

Callus



Pre-ulcer



Ulcer



2. Label: Skin condition with **R**-redness; **W**-warmth; **D**-dryness, and/or **M**-maceration

Impression			
<b>Risk category:</b>			
0 No loss of protective sensation			
1 Loss of protective sensation with no weakness, deformity, callus, pre-ulcer, or history of ulceration			
2 Loss of protective sensation with weakness, pre-ulcer, or callus but no history of ulceration or poor circulation			
3 History of plantar ulceration or neuropathic fracture			
Plan			
<b>Specialty referral given:</b>			
Yes		No	
Podiatry		Other specify:	
<b>Discussed routine foot care with patient:</b>	Yes	No	
<b>Directed to Certified Diabetic Educator?</b>	Yes	No	
<b>Pneumococcal vaccination ordered</b>	Yes	No	
<b>Influenza vaccination ordered (0.5cc IM)</b>	Yes	No	
Follow up:			
Signature:	MD/DO	NP	PA
Date:			
Didactic education on foot care given?	Yes	No	
Educational material given on foot care?	Yes	No	
Signature:	Certified Diabetic Educator		
Date:	RN		

American College of Physicians. (n.d.). *Diabetic foot examination*.  
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