# Diabetic Foot Evaluation

**Patient:**

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<th>Chart #</th>
<th>Age:</th>
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**Attending MD**

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<th>Height</th>
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<th>BP</th>
<th>HBA1C</th>
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**Diabetes duration**

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**History of:**

- Foot Ulcer
- Infection
- Amputation
- Revascularization
- Renal Disease
- CAD
- Stroke
- Tobacco
- Alcohol

**Medications:**

- Type 1
- Type 2
- Rx - Insulin
  - Incretin
  - Oral Hypoglycemic
  - Diet

**Skin:**

- Turgor
- Color
- Temperature
- Texture

- Lesions
  - Fissures
  - Corns
  - Calluses
  - Ulcers
  - Nails

- Mark areas of callus, ulcer or pre-ulcer, erythema, swelling, tenderness or deformity

- **Musculoskeletal**
  - Joint Flexibility
  - Deformities
  - or Sites of High Pressure
  - Gait assessment

- to toes
- plantar
- foot to above ankle
- to below knee
- right
- daily
- occasionally

- wheelchair
- walker
- cane
- brace
- foot orthosis
- MDI
**Neurologic Exam**

**Sensory** - Semmes-Weinstein Monofilament
Ability to detect 5.07 or 10 gm Monofilament: + or -

**Deep Tendon Reflexes** (+Present; - Absent)
- Patella
- Achilles

**Vascular Exam**
- **Pulses:**
  - Dorsalis Pedis
  - Posterior Tibial
- **Elevation Pallor**
- **Dependent Rubor**
- **Capillary Filling Time**
- **Edema**

**Risk Status**
- 0 No Sensory Neuropathy, No PAD, Negative Hx of Foot Ulcer
- I Neuropathy (LOPS), No PAD, No Deformity
- II Sensory Neuropathy + PAD &/or Foot Deformity
- III Previous Foot Ulcer or Amputation
  - Prior Ulceration &/or Amputation
  - Charcot Deformity - Location

**Recommended Management:**
- Periodic Foot Care
- Extra Depth Shoes
- Multiple Density Insoles (MDI), Orthotics
- Bracing
- Vascular Testing: Doppler
- Consultation:
- Other: Diabetic Education

Examined by: ____________________________
Date: ____________________________

**Appendix 1 p2**