### Comprehensive Diabetes Foot Examination Form

Adapted from the National Diabetes Education Program's Foot Screening Form

<table>
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<th>Name:</th>
<th>Date:</th>
<th>Age:</th>
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#### I. Medical History
(Check all that apply.)
- ☐ Peripheral Neuropathy
- ☐ Cardiovascular Disease
- ☐ Nephropathy
- ☐ Retinopathy
- ☐ Peripheral Vascular Disease

#### II. Current History
1. Any change in the foot or feet since the last evaluation?
   - ☐ Yes  ☐ No
2. Current ulcer or history of a foot ulcer?
   - ☐ Yes  ☐ No
3. Is there pain in the calf muscles when walking that is relieved by rest?
   - ☐ Yes  ☐ No

#### III. Foot Exam
1. Are the nails thick, too long, ingrown or infected with fungal disease?
   - ☐ Yes  ☐ No
2. Note foot deformities.
   - ☐ Toe deformities  ☐ Bunions  ☐ Charcot foot  ☐ Foot drop
   - ☐ Prominent metatarsal heads
   - ☐ Amputation (Specify date, side and level.)
3. Pedal Pulses
   (Fill in the blanks with a “P” or an “A” to indicate present or absent.)
   - Posterior tibial:  ☐ P  ☐ A
   - Dorsalis pedis:
     - Left  ☐ P  ☐ A
     - Right  ☐ P  ☐ A
4. Skin Condition (Measure, draw in and label the patient’s skin condition using the key and foot diagram to the right.)
   - C = Callus  R = Redness  W = Warmth
   - F = Fissure  S = Swelling  U = Ulcer
   - M = Maceration  PU = Pre-ulcerative lesion  D = Dryness

#### IV. Sensory Foot Exam
Label sensory level with a “+” in the five circled areas of the foot if the patient can feel the 5.07 Semmes-Weinstein (10-gram) nylon filament and “-” if the patient cannot feel the filament.

#### V. Risk Categorization
(Check appropriate item.)

Low-Risk Patient
All of the following:
- ☐ Intact protective sensation
- ☐ No severe deformity
- ☐ No prior foot ulcer
- ☐ Pedal pulses present
- ☐ No severe deformity
- ☐ No amputation

High-Risk Patient
One or more of the following:
- ☐ Loss of protective sensation
- ☐ Absent pedal pulses
- ☐ Severe foot deformity
- ☐ History of foot ulcer

#### VI. Footwear Assessment
1. Does the patient wear appropriate shoes?
   - ☐ Yes  ☐ No
2. Does the patient need inserts/orthotics?
   - ☐ Yes  ☐ No

#### VII. Education
1. Has the patient had prior foot care education?
   - ☐ Yes  ☐ No
2. Can the patient demonstrate appropriate self-care?
   - ☐ Yes  ☐ No

#### VII. Management Plan
(Check all that apply.)
- ☐ Provide patient education for preventive foot care.
- ☐ Refer to an APMA member podiatrist or an appropriate physician.

Date: __________________________  Provider Signature: __________________________