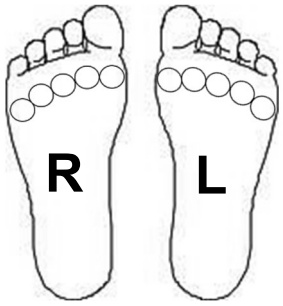
Patient Name: _____ **Date of Birth:** _____

Practitioner Name: _____ **Date of Exam:** _____

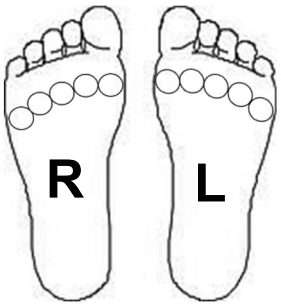
Diabetes Foot Exam

Check the appropriate boxes To indicate findings

	None (No)	Right	Left
-Current Foot Ulcer(s)	☐	☐	☐
-History of Foot Ulcer(s)	☐	☐	☐
-Abnormal Foot Shape	☐	☐	☐
-Toe Deformity (bunion, hammertoe, etc)-Indicate Digit #	☐	1 2 3 4 5	1 2 3 4 5
-Callus Buildup	☐	☐	☐
-History of Callusing	☐	☐	☐
-Edema	☐	☐	☐
-Elevated Temperature	☐	☐	☐
-Lower Extremity Pain	☐	☐	☐
-Previous Amputation	☐	☐	☐
-Blister/Laceration	☐	☐	☐
-Can Patient see Plantar Foot?	☐	☐	☐
-Does Patient Use Appropriate Footwear?	☐	☐	☐



Mark Callus/History of Callus Location(s)

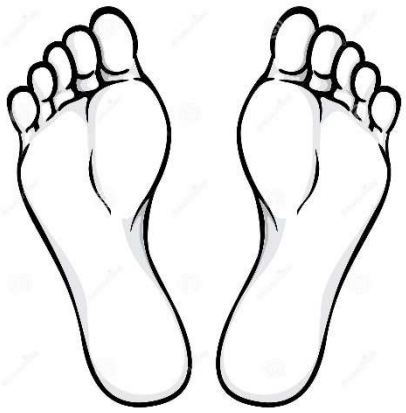


Mark Ulcer/History of Ulcer Location(s)

PLANTAR VIEW

VASCULAR FINDINGS

	Acceptable	Not Acceptable
-Dorsalis Pedis Pulse	☐	☐
-Post Tibial Pulse	☐	☐
-Foot Hair Growth	☐	☐
-Capillary Refill	☐	☐
-Cold Feet	☐	☐
-Claudication's	☐	☐
-Pallor	☐	☐



Foot Sensation/Skin Condition Diagram

DIAGNOSIS INFORMATION

Patient is: (check applicable)

☐ Non-Insulin Dependent — Tests ☐ 1X (E11.9) ☐ 2X (E11.65) Per Day

OR

☐ Insulin Dependent — Tests ☐ 3X (E10.9) ☐ 4X (E10.65) Per Day

Therapeutic Shoes and Inserts Indicated: YES NO

This is part of a comprehensive plan for the treatment of this patient's diabetes.

MARK SYMBOLS ON ABOVE DIAGRAM

(1) Foot Sensation: Patient….

Can feel 5.07 (10 gram) nylon filament = ⊕

Cannot feel 5.07 (10 gram) nylon filament = ⊖

(2) Skin Condition:

Ⓡ=Redness Ⓢ=Swelling Ⓦ=Warmth Ⓓ= Dryness

Ⓜ = Maceration

Practitioner Signature: _____ **Date:** _____

Certifying Physician (MD/DO): _____ **Date:** _____

REVISED 2022