



Diabetes Foot Examination

Patient's Name (Last, First, MI) _____

Date: _____

Physician's Name _____

Sex: M F

ID No: _____

D.O.B. _____

Check (✓) the appropriate boxes below to indicate findings on the right or left foot:

	No findings	Yes Left	Yes Right
Is there a foot ulcer now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of foot ulcer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an abnormal shape of the foot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there toe deformity? (bunions, hammertoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the toenails thick or ingrown? (fungal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a callus buildup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there swelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there elevated skin temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there muscle weakness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there lower extremity pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has there been a previous amputation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a blister or laceration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the patient see the bottom of his/her feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient use footwear appropriate for his/her category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vascular Findings:	(+) Present	(-) Absent
Dorsalis Pedis Pulse	_____	_____
Post Tibial Pulse	_____	_____
Foot Hair	_____	_____
Capillary Refill	_____	_____



Indicate the level of sensation in the circles on the foot diagram

- + = 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 pattern where there is: Callus Pre-Ulcer Ulcer (note ulcer size in cm.)

2) Label: Skin condition with **R** - Redness, **S** - Swelling, **W** - Warmth, **D** - Dryness, and/or **M** - Maceration

Risk Category:

- 0 = No loss of protective sensation
- 1 = Loss of protective sensation with no weakness, deformity, callus, ore-ulcer or history of ulceration
- 2 = Loss of protective sensation with weakness, deformity, pre-ulcer or callus but no history of ulceration or poor circulation
- 3 = History of plantar ulceration or neuropathic fracture

Refer to:

_____ Primary Care Provider
 _____ Certified Diabetes Educator
 _____ Podiatrist
 _____ Orthotist
 _____ Endocrinologist
 _____ Vascular surgeon
 _____ Other _____

Follow-up Care: Schedule follow-up visit. Date: _____

Signature: _____

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(505) 796-9121



Diabetic Foot Examination Risk Categories

Risk Category 0	Management Guide 0	Footwear Guide 0
<ul style="list-style-type: none"> • Has a disease that can lead to insensitivity • Has protective sensation • No history of ulcer/amputation or lower extremity disease 	<ul style="list-style-type: none"> • Examine feet at each visit • Annual comprehensive lower extremity exam • Patient education* 	<ul style="list-style-type: none"> • Shoes of proper style and fit • Patient education*
Risk Category 1	Management Guide 1	Footwear Guide 1
<ul style="list-style-type: none"> • May or may not have protective sensation • May or may not have foot deformity • No history of ulcer/amputation or lower extremity disease 	<ul style="list-style-type: none"> • Above steps AND • Comprehensive lower extremity exam every 3-6 months 	<ul style="list-style-type: none"> • Previous steps AND • Depth shoes or running shoes (extra depth) • Non-molded soft insoles
Risk Category 2	Management Guide 2	Footwear Guide 2
<ul style="list-style-type: none"> • Does not have protective sensation • Does have a foot deformity • No history of ulcer/amputation or lower extremity disease 	<ul style="list-style-type: none"> • Above steps AND • Refer to specialists as indicated 	<ul style="list-style-type: none"> • Previous steps AND • Rigid rocker • Custom molded foot orthoses
Risk Category 3	Management Guide 3	Footwear Guide 3
<ul style="list-style-type: none"> • Does not have protective sensation • Has a history of plantar ulcer or neuropathic fracture (Charcot) • Has a history of prior amputation 	<ul style="list-style-type: none"> • Same as above steps 	<ul style="list-style-type: none"> • Previous steps AND • Rigid rocker or Ankle Foot Orthosis (AFO) with rigid rocker

Websites—The editorial committee has identified a select number of websites about foot care.

- ❖ National Diabetes Education Program: www.ndep.nih.gov
- ❖ American Diabetes Association: www.diabetes.org
- ❖ For Health Care Professionals - ADA Position Statement: Preventive Foot Care in People With Diabetes; Diabetes Care 26:S78-S79, 2003: care.diabetesjournals.org/cgi/content/full/26/suppl_1/s78
- ❖ For Patients - Taking Care of Your Body: Foot Care: www.diabetes.org
- ❖ National Institute of Health: www.niddk.nih.gov/health/diabetes/diabetes.htm
- ❖ Feet Can Last a Lifetime: www.niddk.nih.gov/health/diabetes/feet/feet.htm
- ❖ Lower Extremity Amputation Prevention (LEAP) Program: www.hrsa.gov/leap/default.htm

These websites may be accessed directly or through the New Mexico Health Care Takes On Diabetes website. Please note that these websites do not necessarily represent the views of New Mexico Health Care Takes On Diabetes. They are listed here for your reference and convenience. NMHCTOD does not evaluate websites for content accuracy or application to any clinical situation.

Monofilament Resources: Purchasing Monofilaments—Monofilaments are a cost effective method of testing for the presence or absence of protective sensation. They are an easy way to engage patients to actively participate in their care and decrease the incidence of foot ulcerations and amputations. The LEAP website includes organizations that sell monofilaments. www.hrsa.gov/leap/default.htm

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