

DIABETES FOOT EXAM

Patient Name: _____
Last First MI



DOB: _____ Medical Record #: _____

DETAILED FOOT EXAM: *Initially and then yearly*

Date: _____

Indicate presence (+) or absence (-) in the space below:					
	Dorsalis pedis pulse	Posterior tibial pulse	Ulcer (note size if present)	Bony deformity/ Callus	Loss of hair/ Atropic skin
Right					
Left					

Indicate presence (+) or absence (-) of sensation
In 5 areas using 10mg monofilament

RIGHT
LEFT

Notes:

Education/education materials given

Provider Signature: _____

VISUAL INSPECTION ONLY: *at every diabetes care visit*

<p>Date: _____</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal; specify _____</p> <p><input type="checkbox"/> Education/education materials given</p> <p><input type="checkbox"/> No referral <input type="checkbox"/> Referral to _____</p> <p>Provider Signature: _____</p>
<p>Date: _____</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal; specify _____</p> <p><input type="checkbox"/> Education/education materials given</p> <p><input type="checkbox"/> No referral <input type="checkbox"/> Referral to _____</p> <p>Provider Signature: _____</p>
<p>Date: _____</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal; specify _____</p> <p><input type="checkbox"/> Education/education materials given</p> <p><input type="checkbox"/> No referral <input type="checkbox"/> Referral to _____</p> <p>Provider Signature: _____</p>