

# Comprehensive Diabetes Foot Examination Form

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Age at Onset: \_\_\_\_\_ Diabetes Type ☐ 1 ☐ 2

Current Treatment: ☐ Diet ☐ Oral ☐ Insulin

## I. Medical History

(Check all that apply.)

- ☐ Peripheral Neuropathy ☐ Retinopathy  
☐ Cardiovascular Disease ☐ Peripheral Vascular Disease  
☐ Nephropathy ☐ \_\_\_\_\_

Most recent hemoglobin A1c results \_\_\_\_\_% \_\_\_\_\_ date

## 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:

Left \_\_\_\_\_

Right \_\_\_\_\_

Dorsalis pedis:

Left \_\_\_\_\_

Right \_\_\_\_\_

4. Is the skin thin, fragile, shiny and hairless?

☐ Yes ☐ No

5. Is there evidence of callus formation?

☐ Yes ☐ No

6. Are there signs of pre-ulceration?

☐ Yes ☐ No

7. Any blood or discharge on the socks or hose?

☐ Yes ☐ No

## 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 monofilament and "-" if the patient cannot feel the filament.

(Measure, draw in and label the patient's skin condition)

(C) = Callus (R) = Redness (W) = Warmth

(F) = Fissure (S) = Swelling (U) = Ulcer

(M) = Maceration (PU) = Pre-ulcerative lesion

(D) = Dryness



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

### Low-Risk Patient

All of the following:

- ☐ Intact protective sensation ☐ Pedal pulses present  
☐ No prior foot ulcer ☐ No amputation  
☐ No foot deformity

### High-Risk Patient One or more of the following:

- ☐ Loss of protective sensation  
☐ Absent pedal pulses  
☐ Foot deformity  
☐ History of foot ulcer  
☐ Previous Amputation

## VI. Footwear Assessment

1. Does the patient wear appropriate shoes?

☐ Yes ☐ No

2. Does the patient need diabetic shoes/ inserts?

☐ Yes ☐ No

## VII. Education

1. Has the patient had prior foot care education?

☐ Yes ☐ No

2. Can the patient demonstrate appropriate foot-care?

☐ Yes ☐ No

## VIII. Management Plan (Check all that apply)

☐ Provide patient education for preventative foot care. Date: \_\_\_\_\_

☐ Provide patient education about HbA1c or other aspect of self-care.

Date: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Diagnostic studies: ☐ Vascular Laboratory  
☐ Hemoglobin A1c  
☐ Other \_\_\_\_\_