

McLaren Medical Group
DIABETIC FOOT SCREENING

I. Current History

1. Any change in the foot since the last evaluation?
Yes No
2. Current ulcer or history of a foot ulcer?
Yes No
3. Any foot pain since last evaluation?
Yes No

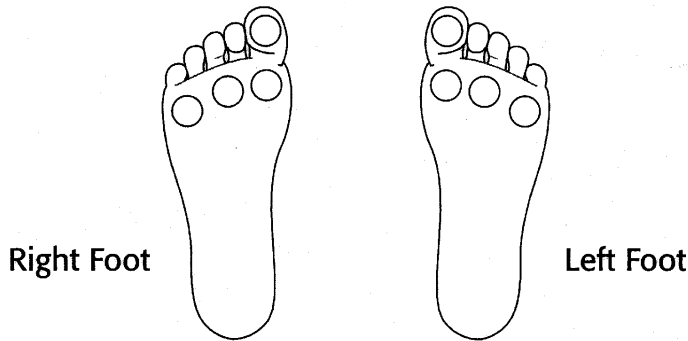
II. Foot Exam

1. Are the nails thick, too long, or ingrown?
Yes No
2. Note foot deformities:
 Callous/Corn
 Toe deformities
 Bunions (Hallus valgus)
3. Open wound? Yes No
4. Amputation:
_____ (site)
5. Other gross deformity?
Yes No

III. Pedal Pulses

	Right	Left
Posterior tibial:	+ / -	+ / -
Dorsalis pedis:	+ / -	+ / -

IV. Sensory Foot Exam (Touch the filament to all sites circled on the drawing. Place a "+" in the circle if the patient feels the filament at that site and a "-" if the patient cannot feel the filament.)



1. Hold the 5.07 Semmes-Weinstein (10 gram) nylon filament by the handle and touch to the skin of the patient's foot for 1-2 seconds. Touch alongside of, and NOT directly on, an ulcer, callous, or scar.
2. Push to make the filament bend.

Step 1

Step 2

V. Risk Categorization and Management Plan (Check the appropriate boxes)

Low Risk Patient

All of the following:

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

- Educate patient to check feet daily
- Re-evaluate in six months

High Risk Patient

One or more of the following:

- History of foot ulcer
- Severe foot deformity
- Prior amputation
- Absent pedal pulses
- Loss of protective sensation

- Educate patient to check feet daily
- Refer to: Podiatrist
 Vascular Lab
 Vascular Surgeon
 Orthopedist
 Other
- Re-evaluate in _____ months

Comments:

Signature _____

Date _____

PT. NAME _____

DATE OF BIRTH: _____