

**McLaren Print System Order**

Order No: 50741 Reprint Previous Order No: 5539  
 Order Date: 2019-12-03  
 User: MELINDA RESCHKE  
 Phone: 2486823070

Ship Location: McLaren Oakland Waterford Family Medicine  
 3901 Highland Rd., Suite D  
 Waterford, MI 48328

**Forms**

Quantity: 100  
 Paragon Dept No: 73650  
 Dept Name: McLaren Oakland Waterford Family Medicine  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-126  
 Item Description: Diabetic Foot Screening  
 Revision Date: 2/2017  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

**McLaren Medical Group  
 DIABETIC FOOT EXAM**

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**Current History (Check the appropriate boxes):**  
 Change in foot since last visit:  Right  Left  
 Ulcer or history of a foot ulcer:  Right  Left  
 Foot pain:  Right  Left

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**Pulses (Circle appropriate pulse):**

+2 +1 0 Right Posterior tibial (behind ankle bone)  
 +2 +1 0 Right Dorsalis pedis (top of foot)  
 +2 +1 0 Left Posterior tibial  
 +2 +1 0 Left Dorsalis pedis

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**Foot Exam (Check the appropriate boxes):**

Nails thick, too long, or ingrown:  Right  Left  
 Foot deformities:  Right  Left  
 Callus/Claw:  Right  Left  
 Bunion (Hallux valgus):  Right  Left  
 Toe deformity:  Right  Left  
 Open wound:  Right  Left  
 Amputation (site): \_\_\_\_\_  
 Other gross deformity: \_\_\_\_\_

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**Risk Classification and Management Plan (Check the appropriate boxes):**

**Risk Category & Definition**

0: No Loss of Protective Sensation (LOPS)  
 1: LOPS  
 2: LOPS with either high pressure (Callus/deformity) or poor circulation  
 3: History of ulcer, neuropathic fracture (Charcot foot), or amputation

**Educate patient to inspect feet daily.**

**Refer to:**

Podiatrist  
 Vascular Lab  
 Vascular Surgeon  
 Orthopedist  
 Other \_\_\_\_\_

Re-evaluate in \_\_\_\_\_ months.  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Date and Time (Required): \_\_\_\_\_  
MM-126 (Rev. 02/17) 000 0111

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**Vibratory Sensation using 128-Hz Tuning Fork (Check the appropriate boxes):**

1. Patient should close their eyes while being screened.  
 2. Test over the tip of the great toe bilaterally.  
 Normal - Right  Abnormal - Right  
 Normal - Left  Abnormal - Left

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**Monofilament Testing:**

1. Patient should close their eyes while being screened.  
 2. Using 10-g monofilament, apply pressure to each site until monofilament bends.

**LEFT**                      **RIGHT**

Step 1                      Step 2

Document a "+" in the circle if the patient feels the monofilament at that site. Document a "-" in the circle if the patient cannot feel the monofilament at that site.  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Pinprick Sensation, if applicable (Check the appropriate boxes):**

Normal - Right  Abnormal - Right  
 Normal - Left  Abnormal - Left

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