

McLaren Print System Order

Order No: 50980 Reprint Previous Order No: 5539
 Order Date: 2019-12-12
 User: Krista LeBrasceur
 Phone: 989-486-9090

Ship Location: McLaren - Midland Att:Krista LeBrasceur
 801 Joe Mann Blvd Suite C
 Midland, MI 48642

Forms

Quantity: 500
 Paragon Dept No: 69400
 Dept Name:
 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	
<p>Current History (Check the appropriate boxes): Change in foot since last visit: <input type="checkbox"/> Right <input type="checkbox"/> Left Ulcer or history of a foot ulcer: <input type="checkbox"/> Right <input type="checkbox"/> Left Foot pain: <input type="checkbox"/> Right <input type="checkbox"/> Left</p>	<p>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. <input type="checkbox"/> Normal - Right <input type="checkbox"/> Abnormal - Right <input type="checkbox"/> Normal - Left <input type="checkbox"/> Abnormal - Left</p>
<p>Pulses (Circle appropriate pulse):</p> <p>+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</p>	<p>Monofilament Testing: 1. Patient should close their eyes while being screened. 2. Using 10-g monofilament, apply pressure to each site until monofilament bends.</p>
<p>Foot Exam (Check the appropriate boxes):</p> <p>Nails thick, too long, or ingrown: <input type="checkbox"/> Right <input type="checkbox"/> Left Foot deformities: <input type="checkbox"/> Right <input type="checkbox"/> Left Callus/Cor: <input type="checkbox"/> Right <input type="checkbox"/> Left Bunion (Hallux valgus): <input type="checkbox"/> Right <input type="checkbox"/> Left Toe deformity: <input type="checkbox"/> Right <input type="checkbox"/> Left Open wound: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Amputation (site): _____ <input type="checkbox"/> Other gross deformity: _____</p>	 <p style="text-align: center;">LEFT RIGHT</p> <p style="text-align: center;">Step 1 Step 2</p> <p>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: _____ _____ _____ _____</p>
<p>Risk Classification and Management Plan (Check the appropriate boxes):</p> <p>Risk Category & Definition</p> <p><input type="checkbox"/> 0: No Loss of Protective Sensation (LOPS) <input type="checkbox"/> 1: LOPS <input type="checkbox"/> 2: LOPS with either high pressure (Callus/deformity) or poor circulation <input type="checkbox"/> 3: History of ulcer, neuropathic fracture (Charcot foot), or amputation</p> <p>Educate patient to inspect feet daily. Refer to: <input type="checkbox"/> Podiatrist <input type="checkbox"/> Vascular Lab <input type="checkbox"/> Vascular Surgeon <input type="checkbox"/> Orthopedist <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Re-evaluate in _____ months. Comments: _____ _____ _____</p> <p>Signature: _____ Date and Time (Required): _____</p>	<p>Ping-pong Sensation, if applicable (Check the appropriate boxes): <input type="checkbox"/> Normal - Right <input type="checkbox"/> Abnormal - Right <input type="checkbox"/> Normal - Left <input type="checkbox"/> Abnormal - Left</p> <p>_____</p> <p>_____</p>