

## McLaren Print System Order

Order No: 56072 Reprint Previous Order No: 5539  
 Order Date: 2020-08-13  
 User: melissa lawrukovich  
 Phone: 2486560472

Ship Location: McLaren Oakland BayBrooke  
 950 University  
 Pontiac, MI

### Forms

Quantity: 500  
 Paragon Dept No: 26815  
 Dept Name: Lake Orion 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	
<p><b>Current History (Check the appropriate boxes):</b>                      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><b>Vibratory Sensation using 128-Hz Tuning Fork (Check the appropriate boxes):</b>                      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><b>Pulses (Circle appropriate pulse):</b></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><b>Monofilament Testing:</b>                      1. Patient should close their eyes while being screened.                      2. Using 10-g monofilament, apply pressure to each site until monofilament bends.</p>
<p><b>Foot Exam (Check the appropriate boxes):</b></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><b>Risk Classification and Management Plan (Check the appropriate boxes):</b></p> <p><b>Risk Category &amp; Definition</b></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><b>Educate patient to inspect feet daily.</b>  <b>Refer to:</b>  <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): _____  <small>MM-126-00000-000-0110</small></p>	<p><b>Pingprick Sensation, if applicable (Check the appropriate boxes):</b>  <input type="checkbox"/> Normal - Right    <input type="checkbox"/> Abnormal - Right  <input type="checkbox"/> Normal - Left    <input type="checkbox"/> Abnormal - Left</p> <p>Signature: _____                      Date and Time: _____</p>