

McLaren Print System Order

Order No: 61525 Reprint Previous Order No: 5539
Order Date: 2021-04-05
User: Michele Lubick
Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
16700 21 Mile Rd., Suite 101
Macomb, MI 48044

Forms

Quantity: 100
Paragon Dept No: 71600
Dept Name: McLaren Macomb 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>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/Claw: <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.</p> <p>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): _____ <small>MM-126-00000-000-0110</small></p>	<p>Pinprick Sensation, if applicable (Check the appropriate boxes):</p> <p><input type="checkbox"/> Normal - Right <input type="checkbox"/> Abnormal - Right <input type="checkbox"/> Normal - Left <input type="checkbox"/> Abnormal - Left</p> <p>_____ Date of Exam: _____</p>