

McLaren Print System Order

Order No: 6522
 Order Date: 2014-10-16
 User: Angela DeLaRosa
 Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
 3720 Katalin Ct
 Bay City, MI 48706

Forms
 Quantity: 100
 Paragon Dept No: 60841
 Dept Name: McLaren Medical Group
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-126
 Item Description: Diabetic Foot Screening
 Revision Date:
 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 SCREENING

<p>I. Current History</p> <p>1. Any change in the foot since the last evaluation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Current color or history of a foot ulcer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Any foot pain since last evaluation? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>II. Foot Exam</p> <p>1. Are the nails thick, too long, or ingrown? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Note foot deformities: <input type="checkbox"/> Callus/Corn <input type="checkbox"/> Toe deformity <input type="checkbox"/> Bunions (Hallux valgus)</p> <p>3. Ulcer present? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Amputation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Other foot deformity? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>III. Pedal Pulses</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Right</th> <th style="text-align: center;">Left</th> </tr> </thead> <tbody> <tr> <td>Posterior tibial</td> <td style="text-align: center;">+/-</td> <td style="text-align: center;">+/-</td> </tr> <tr> <td>Dorsalis pedis</td> <td style="text-align: center;">+/-</td> <td style="text-align: center;">+/-</td> </tr> </tbody> </table>		Right	Left	Posterior tibial	+/-	+/-	Dorsalis pedis	+/-	+/-
	Right	Left									
Posterior tibial	+/-	+/-									
Dorsalis pedis	+/-	+/-									

IV. Sensory Foot Exam (Show the Patient to all sites listed 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.)

Right Foot

Left Foot

Step 1

Step 2

1. Hold the 10g Semmes Weinstein (10 gram) nylon filament by the handle and touch to the skin of the patient's foot for 1-2 seconds. Touch diagonally and NOT directly on or over callus, or nail.

2. Test to make the filament bend.

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

<p>Low Risk Patient All of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No prior foot ulcer <input type="checkbox"/> No current deformity <input type="checkbox"/> No amputation <input type="checkbox"/> No foot pain present <input type="checkbox"/> No protective sensation <p>→ Educate patient to check feet daily → Reevaluate in 6 months</p>	<p>High Risk Patient One or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of foot ulcer <input type="checkbox"/> Current foot deformity <input type="checkbox"/> Prior amputation <input type="checkbox"/> Abnormal pedal pulses <input type="checkbox"/> Loss of protective sensation <p>→ Educate patient to check feet daily Refer to: <input type="checkbox"/> Podiatrist <input type="checkbox"/> Wound care <input type="checkbox"/> Vascular Surgeon <input type="checkbox"/> Orthopedist <input type="checkbox"/> Other _____</p> <p>→ Reevaluate in _____ months</p>	<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Signature _____ Date _____

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