

**McLaren Print System Order**

**Order No: 44903 Reprint Previous Order No: 5539**  
**Order Date: 2019-04-29**  
**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**

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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/Cor:  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-126-00000-000-0110

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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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