

**McLaren Medical Group
DIABETIC FOOT EXAM**

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

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

Foot Exam (Check the appropriate boxes):

Nails thick, too long, or ingrown: Right Left
 Foot deformities: Right Left
 Callus/Corn: Right Left
 Bunion (Hallux valgus): Right Left
 Toe deformity: Right Left
 Open wound: Right Left
 Amputation (site): _____
 Other gross deformity: _____

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: _____

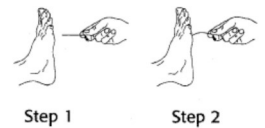
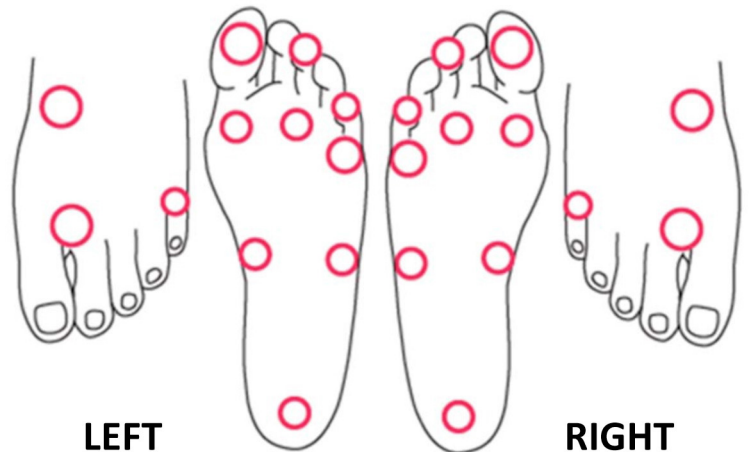
Signature: _____
 Date and Time (Required): _____

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

Monofilament Testing:

1. Patient should close their eyes while being screened.
 2. Using 10-g monofilament, apply pressure to each site until monofilament bends.



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: _____

Pinprick Sensation, if applicable (Check the appropriate boxes):

Normal - Right Abnormal - Right
 Normal - Left Abnormal - Left

Patient Name: _____

Date of Birth: _____