

Diabetic foot screening form



Patient information

First name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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 Membership number

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Date of examination

D	D	M	M	Y	Y	Y	Y
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 Is the patient a smoker? Yes No

Past history of	Ulcer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Amputation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical exam	Physical exam Deformity (e.g. claw toes, hammer toes, hallux valgus)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Absent pedal pulses (dorsalis pedis and/or posterior tibia)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Loss of joint mobility (e.g., hallux rigidus)Y	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foot lesions	Active ulcer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Ingrown toenail	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Calluses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Blisters	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fissure (linear crack)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neuropathy	Monofilament exam (record negative reaction)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	More than 4/10 sites lacking feeling = Yes	a) Right	10 negatives (4+ negatives = Yes)		
		b) Left	/10 negatives (4+ negatives = Yes)		
		Total # of YES:		Total # of YES:	
Patient education completed		Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Plan

- Positive screen: Results when there are one or more "Yes" refer to a podiatrist, wound care nurse or their doctor for prevention, treatment and follow up. (Bony deformity, current ulcer, absent pulse are most urgent). These individuals are at increased risk of a foot ulcer and/or infection. Patients should be educated on what changes to observe and report, while waiting for the specialist appointment.

Referral to

- Negative screen: Results when there are all "No", there is no referral required. Educated patients to report any new changes to their healthcare provider and re-examine in one year.

Sources:

- SEMDSA Diabetes Foot Care Guidelines for Primary Healthcare Professionals
- Screening for the High Risk Diabetic Foot: A 60 - Second Tool (2012) © Sibbald