

Fill in the following blanks with an “R”, “L”, or “B” to indicate positive findings on the right, left of both feet.

Has there been a change in the foot since last evaluation?	Yes___ No___
Is there a foot ulcer now or history of foot ulcer?	Yes___ No___
Does the foot have an abnormal shape?	Yes___ No___
Is there weakness in the ankle or foot?	Yes___ No___
Are the nails thick, too long or ingrown?	Yes___ No___

Identify the sensory level within the circled areas of the foot.

Indicate areas with Redness, Swelling, Warmth, Dryness, Maceration, Callus, Corn, Blister, Cuts, Ulcer, and other.

Does the patient use footwear appropriate for his/ her category? Yes\_\_\_ No\_\_\_

PULSES: Present (+), Absent (-)

Dorsalis pedis

R\_\_\_ L\_\_\_

Posterior tibial

R\_\_\_ L\_\_\_

Popliteal

R\_\_\_ L\_\_\_

Femoral

R\_\_\_ L\_\_\_

DESCRIPTION

Color:

Temperature:

Hair Loss:

Comments:

RISK CATEGORY

\_\_\_0 No loss of protective sensation

\_\_\_1 Loss of protective sensation (no weakness, deformity, callus, pre-ulcer or Hx, ulceration)

\_\_\_2 Loss of protective sensation with weakness, deformity, pre-ulcer or callus but no Hx, ulceration

\_\_\_3 History of Plantar ulceration

PATIENT TEACHING

- \_\_\_ 1. Daily inspection, top & bottom, between toes.
- \_\_\_ 2. Look for cuts, blisters, sores, swelling, dry skin, cracks. Call 559-4166 if a problem.
- \_\_\_ 3. Check water temperature.
- \_\_\_ 4. Wash feet every day – pat dry with a towel.
- \_\_\_ 5. Dry between toes.
- \_\_\_ 6. Treat dry skin.
- \_\_\_ 7. Warm cold feet.
- \_\_\_ 8. NO heating pad, hot water bottle or soaking.
- \_\_\_ 9. Cut toenails straight across, smooth edges with emery board.
- \_\_\_ 10. NO use of knives, razor blades or scissors on feet.
- \_\_\_ 11. Rub corns and calluses gently with a dry towel.
- \_\_\_ 12. NO corn plasters – Get medical care for corns and calluses.
- \_\_\_ 13. Have your feet checked every time you see the Doctor.
- \_\_\_ 14. NO bare feet.

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(Signature and Date)