DM Foot Assessment Form

Name:	DOB:	Dr.	Glucose / A1c:

History (client report)

DM Type: I ☐ II ☐ Insulin dependant: Yes ☐ No ☐

Presence of diabetes complications

☐ Dx Peripheral neuropathy

☐ Dx Peripheral vascular disease

	R	L
Amputation _____	☐	☐
Current ulcer, history of foot ulcer	☐	☐

	R	L
Leg pain during exercise	☐	☐
General Foot pain	☐	☐
Burning / numbness	☐	☐

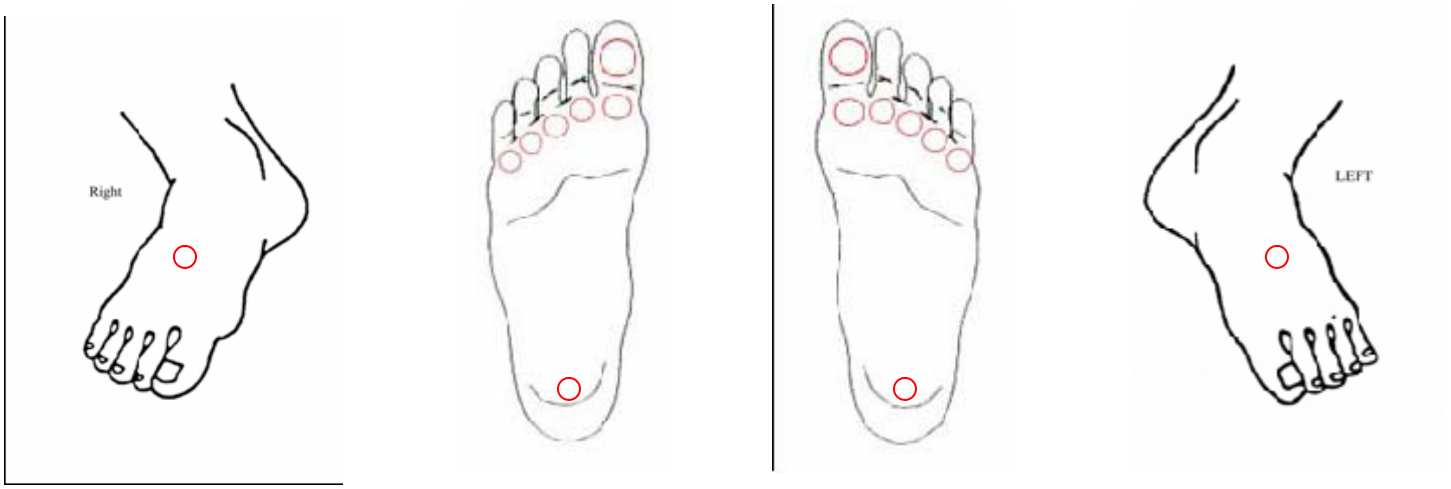
Changes to feet _____

Shoe problems _____

Other Issues _____

Examination

Sensation- Label "+" in the circled areas if the client can feel the 10g monofilament and a "-" if the client is unable to feel the 10g Monofilament or 128cps Tuning Fork



Skin Condition- Draw in and label the skin condition using the key and foot diagram.

Callous /// Ulcer ● Bunion > R- Redness S-Swelling P-Pain T-↑ Temperature ^ Hammer/claw toe

Dorsal Temp Right:	Plantar Temp Right:	Plantar Temp Left:	Dorsal Temp Left:

Nail Condition

	No	Yes R	Yes L
Thick	☐	☐	☐
Improperly cut	☐	☐	☐
Ingrown	☐	☐	☐
Deformed	☐	☐	☐

Vascular

	Yes	No
Is the skin thin?	☐	☐
Is the skin fragile?	☐	☐
Is the skin shiny?	☐	☐
Is the skin hairless?	☐	☐
	Present	Absent
Posterior tibial pulse	☐	☐
Dorsalis pedis pulse	☐	☐

Notes

Clinician *Today's Date*

Appropriate shoes? Y☐ N☐

Proper fit? Y☐ N☐

Shoes	R		L	
H2T				
H2B				
W				

Size / Style