### Annual Comprehensive Diabetes Foot Exam Form

**Name:** __________________________  **Date:** __________  **ID#:** __________

#### I. Presence of Diabetes Complications
1. Check all that apply.
   - Peripheral Neuropathy
   - Nephropathy
   - Retinopathy
   - Peripheral Vascular Disease
   - Cardiovascular Disease
   - Amputation (Specify date, side, and level)

#### II. Current History
1. Is there pain in the calf muscles when walking that is relieved by rest? Y____ N____
2. Any change in the foot since the last evaluation? Y ____ N____
3. Any shoe problems? Y ____ N____
4. Any blood or discharge on socks or hose? Y ____ N____
5. Smoking history? Y ____ N____
6. Most recent hemoglobin A1c result ____ % ________ date

#### III. Foot Exam
1. Skin, Hair, and Nail Condition
   - Is the skin thin, fragile, shiny and hairless? Y ___ N___
   - Are the nails thick, too long, ingrown, or infected with fungal disease? Y ___ N___

2. Note Musculoskeletal Deformities
   - Toe deformities
   - Bunions (Hallus Valgus)
   - Charcot foot
   - Foot drop
   - Prominent Metatarsal Heads
3. Pedal Pulses
   - Posterior tibial Left_____ Right_____
   - Dorsalis pedis Left_____ Right_____

#### IV. Risk Categorization
Check appropriate box.
- Low Risk Patient
  - Intact protective sensation
  - Pedal pulses present
  - No deformity
  - No prior foot ulcer
  - No amputation
  - History of foot ulcer
  - Prior amputation
- High Risk Patient
  - Loss of protective sensation
  - Absent pedal pulses
  - Foot deformity
  - History of foot ulcer
  - Prior amputation

#### V. Footwear Assessment
Indicate yes or no.
1. Does the patient wear appropriate shoes? Y ____ N____
2. Does the patient need inserts? Y ____ N____
3. Should corrective footwear be prescribed? Y ____ N____

#### VI. Education
Indicate yes or no.
1. Has the patient had prior foot care education? Y ____ N____
2. Can the patient demonstrate appropriate foot care? Y ____ N____
3. Does the patient need smoking cessation counseling? Y ____ N____
4. Does the patient need education about HbA1c or other diabetes self-care? Y ____ N____

#### VII. Management Plan
Check all that apply.
1. Self-management education:
   - Provide patient education for preventive foot care. Date: ________
   - Provide or refer for smoking cessation counseling. Date: ________

2. Diagnostic studies:
   - Vascular Laboratory
   - Hemoglobin A1c (at least twice per year)
   - Other: ____________________

3. Footwear recommendations:
   - Custom shoes
   - Athletic shoes
   - Depth shoes
   - Accommodative inserts
   - None

4. Refer to:
   - Diabetes Educator
   - Vascular Surgeon
   - Podiatrist
   - Foot Surgeon
   - RN Foot Specialist
   - Rehab. Specialist
   - Orthotist
   - Other: ____________________

5. Follow-up Care:
   - Schedule follow-up visit. Date: _____________

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**Measure, draw in, and label the patient's skin condition, using the key and the foot diagram below:**

- C=Callus  U=Ulcer  PU=Pre-Ulcer
- F=Fixure  M=Maceration  R=Redness
- I=Swelling  W=Warmth  D=Dryness

**Note Musculoskeletal Deformities**
- Toe deformities
- Bunions (Hallus Valgus)
- Charcot foot
- Foot drop
- Prominent Metatarsal Heads

**3. Pedal Pulses** Fill in the blanks with a "P" or an "A" to indicate present or absent.
- Posterior tibial
- Dorsalis pedis
- Left____ Right____

**4. Sensory Foot Exam** Label sensory level with a "+" in the five circled areas of the foot if the patient can feel the 5.07 (10-gram) Semmes-Weinstein nylon monofilament and a "-" if the patient cannot feel the filament.

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**Right Foot**

<table>
<thead>
<tr>
<th>Area</th>
<th>Sensory Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numb.</td>
<td>1</td>
</tr>
<tr>
<td>toes</td>
<td>2</td>
</tr>
<tr>
<td>sole</td>
<td>3</td>
</tr>
<tr>
<td>plantar</td>
<td>4</td>
</tr>
<tr>
<td>heel</td>
<td>5</td>
</tr>
</tbody>
</table>

**Left Foot**

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**Provider Signature**