

DIABETIC FOOT EXAM – PLAN OF TREATMENT

Patient Name: _____

DOB: _____ HIC#: _____ TELEPHONE: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Check the Appropriate Boxes to Indicate Findings	Left	Right
History of Previous Amputation		
History of Foot Ulcer(s)		
Current Foot Ulcers(s)		
History of Pre-ulcerative Callus		
Callus Buildup		
Toe Deformity (Hammertoe, bunion, etc.) Circle Digit #	1 2 3 4 5	1 2 3 4 5
Abnormal Foot Shape		
Lower Extremity Pain		
Blister/Laceration		
Peripheral Neuropathy With Evidence of Callus Formation		
Elevated Temperature		
Can Patient See Plantar Foot	Yes?	No?
Edema		

VASCULAR FINDINGS

- Dorsalis Pedis Pulse
- Post Tibial Pulse
- Foot Hair Growth
- Capillary Refill
- Cold Feet
- Claudications
- Pallor
- Poor Circulation

SYMPTOMATIC



Additional Notes:



*The **above notations** constitute this patient doctor's notes and foot examination. These notes are part of a comprehensive plan for the treatment of this patient's foot.*



Physician's Signature: _____

Physician's Name: _____

Date: _____

PLANTAR VIEW	
	
Mark Callus/History Location(s)	

	
Mark Ulcer/History Location(s)	

	
Foot Sensation/Skin Condition Diagram	

MARK SYMBOLS ABOVE ON DIAGRAM

- 1. Foot Sensation: Patient**
 Can feel 5.07 (10gram) nylon filament [+]
 Cannot feel 5.07 (10gram) nylon filament [-]
- 2. Skin Condition:**
 R=Redness; S=Swelling; W= Warmth
 D=Dryness; M=Maceration