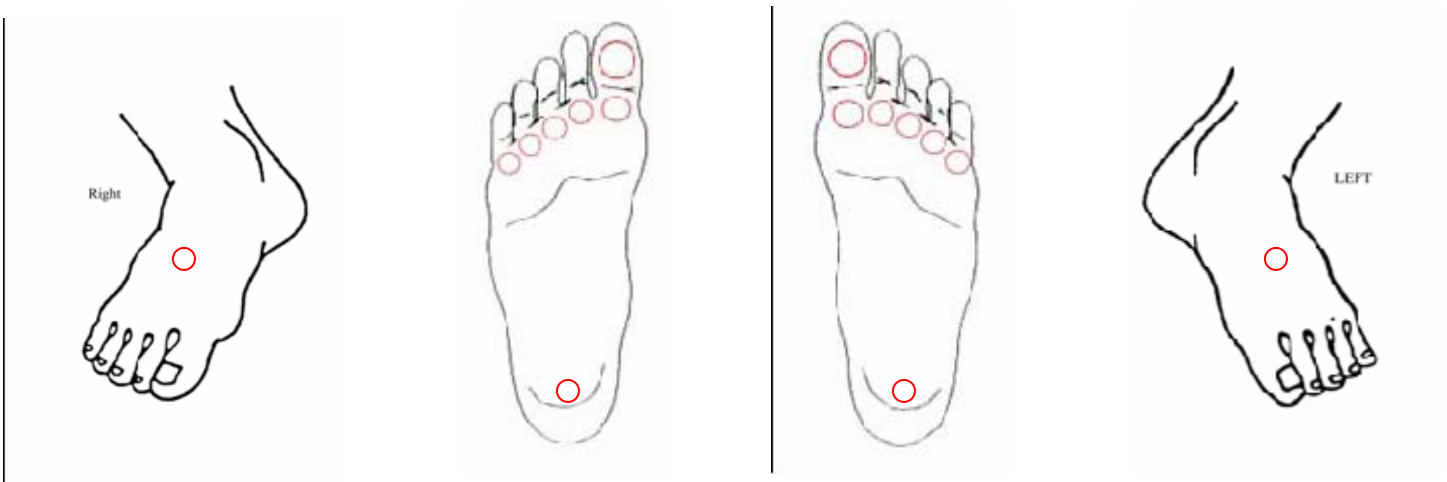


DM Foot Assessment Form

Name:	DOB:	Dr.:	Glucose / A1c:
History (client report) DM Type: I <input type="checkbox"/> II <input type="checkbox"/> Insulin dependant: Yes <input type="checkbox"/> No <input type="checkbox"/> Presence of diabetes complications <input type="checkbox"/> Dx Peripheral neuropathy <input type="checkbox"/> Dx Peripheral vascular disease Amputation _____ R <input type="checkbox"/> L <input type="checkbox"/> Current ulcer, history of foot ulcer R <input type="checkbox"/> L <input type="checkbox"/>		R	L
		Leg pain during exercise <input type="checkbox"/> <input type="checkbox"/> General Foot pain <input type="checkbox"/> <input type="checkbox"/> Burning / numbness <input type="checkbox"/> <input type="checkbox"/> 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:																																																														
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