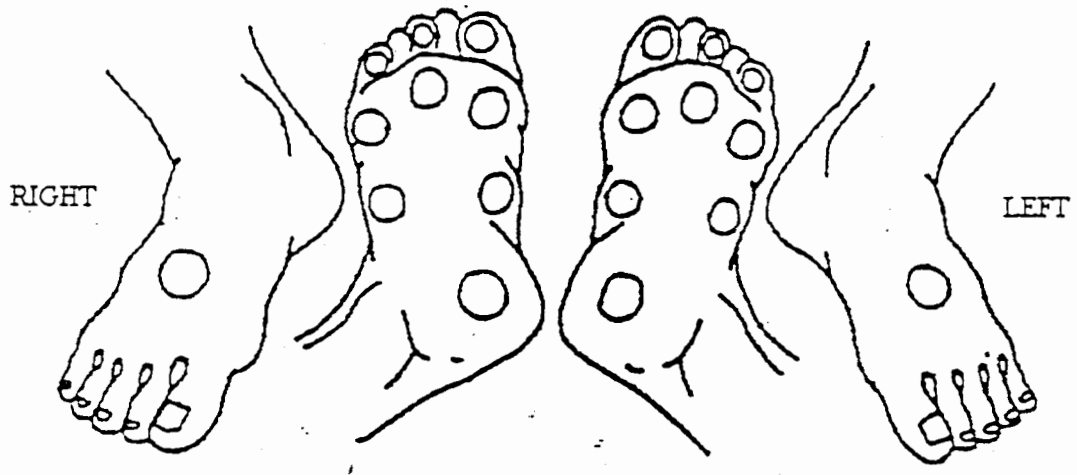


<b>DIABETIC FOOT SCREEN</b>	Date: _____
Patient's Name (Last, First, Middle) _____	ID No.: _____

Fill in the following blanks with an "R", "L", or "B" to indicate positive findings on the right, left or 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 \_\_\_\_\_

Label: Sensory Level with a "+" in the circled areas of the foot if the patient can feel the 10 gram (5.07 Semmes-Weinstein) nylon filament and "-" if he/she can not feel the 10 gram filament.



Draw in: Callus Pre-Ulcer Ulcer (note width/depth in cm.)

and Label: Skin condition with R - Redness, S - Swelling, W - Warmth, D - Dryness, M - Maceration

vascular: Pedal Pulses      R \_\_\_\_\_      L \_\_\_\_\_

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

<b>RISK CATEGORY:</b>	
_____ 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.