

The Diabetic Foot Risk Assessment

Complete during initial assessment and at follow-up visits as indicated.

SKIN/NAILS

- Dry R L
- Sweaty R L
- Maceration R L
- Fissure/cracks R L
- Corn R L
- Blister R L
- Callus R L
- ↑Temp. R L
- Skin breakdown R L
- Ulcer R L
- Thickened nails R L
- Discolored nails R L
- Deformed nails R L
- Ingrown nails R L
- Other _____ R L

STRUCTURE

- Hammer toes R L
- Claw toes R L
- Overlapping digits R L
- Bunion R L
- Arch deformity R L
- Amputation R L
- Other _____ R L

SENSATION

- Diminished R L
- Absent R L
- Painful neuropathy R L

MOBILITY

- ↓ ROM: → toes R L
→ ankle R L
- Gait abnormality (describe)

VASCULAR

- Shiny skin R L
- Hair Loss R L
- Edema R L
- Edema (weeping) R L
- Cold skin R L
- Pallor/cyanosis R L
- Cap. refill > 3-4 sec R L
- Absent dorsalis pedis R L
- Absent posterior tibial R L
- Other _____ R L

NO PROBLEMS NOTED

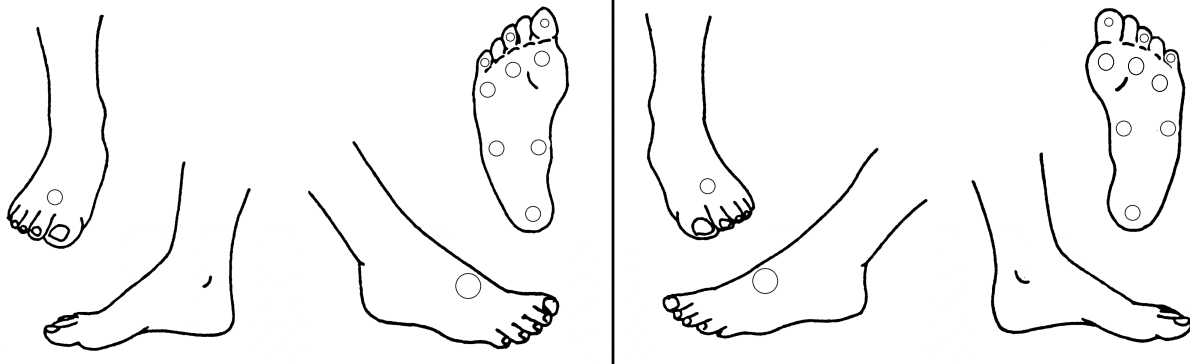
Note: Assigned risk ratings serve as a guide. Clinical judgment is advised for more complex findings.

~~~~~**Right**~~~~~

~~~~~**Left**~~~~~

C=Callus; F=Fissure; D=Dryness; M=Maceration; B=Blister; E=Edema; U=Ulcer

10-g Semmes-Weinstein 5.07 Monofilament Test: + = sensation present; - = sensation absent; ↓ = sensation diminished



FOOT CARE/FOOTWEAR

- Poor foot hygiene (includes long or poorly shaped nails)
- Needs assistance with foot care (poor vision, ↓ mobility)
- Inappropriate footwear (poor style, condition, or fit)
- No Problems Noted

FOOT CARE EDUCATION

- Foot Care Questionnaire Completed
- Foot Care Education
- Foot Care Review
- Foot Risk Information Sheet Provided

RISK CATEGORY

- Low (Green)**.....assess in 1 year
- Moderate (Amber)**.....assess in 4 to 6 months
- High (Red)**.....assess in 1- 4 months

FOOT CARE REFERRAL

- Family Physician Orthotist
- Foot Clinic Other _____
- Podiatrist
- Wound Care/Vascular Service

Comments: _____

Signature: _____ Date: _____