

# Diabetic foot screening form



## Patient information

Surname

First names

Date of birth 

D	D	M	M	Y	Y	Y	Y
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 Membership number 

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Date of examination 

D	D	M	M	Y	Y	Y	Y
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 Is the patient a smoker? Yes  No

<b>Past history of</b>	Ulcer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Amputation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Physical exam</b>	Physical exam: Deformity ( such as claw toes, hammer toes, hallux valgus)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Absent pedal pulses (dorsalis pedis or posterior tibia)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Loss of joint mobility such as (hallux rigidus)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Foot lesions</b>	Active ulcer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Ingrown toenail	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Calluses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Blisters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Fissure (linear crack)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Neuropathy</b>	Monofilament exam ( <b>record negative reaction</b> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	More than 4/10 sites lacking feeling = Yes a) Right /10 negatives (4+ negatives = Yes)		
	b) Left /10 negatives (4+ negatives = Yes)		
			Total # of Yes: <input type="text"/>
<b>Patient education completed</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>

## Plan

1. Positive screen: If you answered "Yes" to one or more questions, refer the patient to a podiatrist, wound care nurse or their doctor for prevention, treatment and follow-up consultation. (Bony deformity, current ulcer, absent pulse are most urgent). These individuals are at increased risk of a foot ulcer and infection. Educate the patient on what changes to observe and report while waiting for the specialist appointment.

Referral to

2. Negative screen: If you answered "No", to all questions, no referral is needed. Ask the patient to report any new changes to their healthcare professional and schedule a follow-up consultation with you in one year.

## Sources

- SEMDSA Diabetic Footcare Guidelines for Primary Healthcare Professionals
- Screening for the high-risk diabetic foot: a 60-second tool (2012) © Sibbald