

NAME

DOB

MRN

PCP

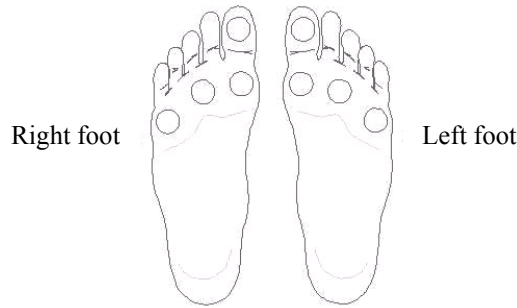
Diabetes Foot Screening Record

Client ID / Addressograph

Did patient receive diabetes foot care information?  Yes  No

Foot Exam (using monofilament)

Mark (-) for no sensation. Mark (+) for sensation



Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name: \_\_\_\_\_ CHN ID #: \_\_\_\_\_
Print name Signature Title (if applicable)

Table with 4 columns: Evaluation, Normal, Abnormal, Comment (if applicable). Rows include Monofilament Test, Pulses, Foot Shape, Skin Condition, and Assign Risk.

Assign Risk:

- 0 No present risk. No LOPS; no deformity
1 Impending risk. No LOPS; deformity
2 Intermediate risk. LOPS: + / - deformity; no history of ulcer
3 High risk. LOPS: + deformity; prior ulcer

\* LOPS = loss of protective sensation

Follow-up Plan:

- Risk 0 ----- > Annual foot screening and patient education
Risk 1, 2 or 3 ----- > Refer to podiatrist

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_ CHN ID #: \_\_\_\_\_
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