

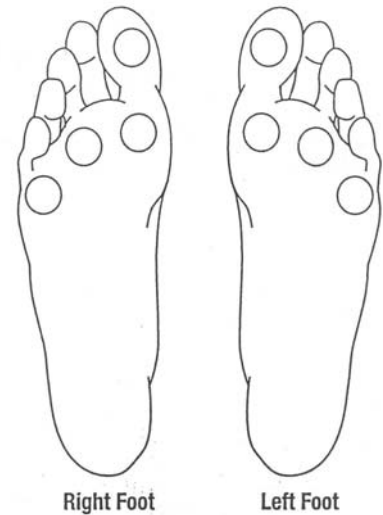
<b>Diabetes Foot Screen</b>	Date: _____
Patient's Name (Last, First, Middle)	ID No.: _____

Fill in the following blanks with a "Y" or "N" to indicate findings on the right or left foot.




	R	L
Is there a history of a foot ulcer?	_____	_____
Is there a foot ulcer now?	_____	_____
Is there a claw toe deformity?	_____	_____
Is there swelling or an abnormal shape of the foot?	_____	_____
Is there elevated skin temperature?	_____	_____
Are the toenails long, thick or ingrown?	_____	_____
Is there heavy callous build-up?	_____	_____
Is there foot or ankle muscle weakness?	_____	_____
Is there an absent pedal pulse?	_____	_____
Can the patient see the bottom of their feet?	_____	_____
Are the shoes appropriate in style and fit?	_____	_____

Indicate the level of sensation in the circles:

- + = Can feel the 10 gram nylon filament
- = Cannot feel the 10 gram nylon filament



Skin Conditions on the Foot or Between the Toes:

Draw pattern where there is: Callus , Pre-ulcer , Ulcer  (note the ulcer size in cm)  
 Label: Skin condition with **R** - redness, **S**- Swelling, **M** - Maceration, **D** - dryness, **W** - Warmth

**RISK CATEGORY:**

- \_\_\_ 0 No loss of protective sensation.
- \_\_\_ 1 Loss of protective sensation with no weakness, deformity, callus, pre-ulcer or history of ulceration
- \_\_\_ 2 Loss of protective sensation with weakness, deformity, pre-ulcer or callus but not history of ulceration.
- \_\_\_ 3 History of plantar ulceration.