



MEDICAL RECORD

Diabetes

Foot Assessment/Action Plan

Front Page

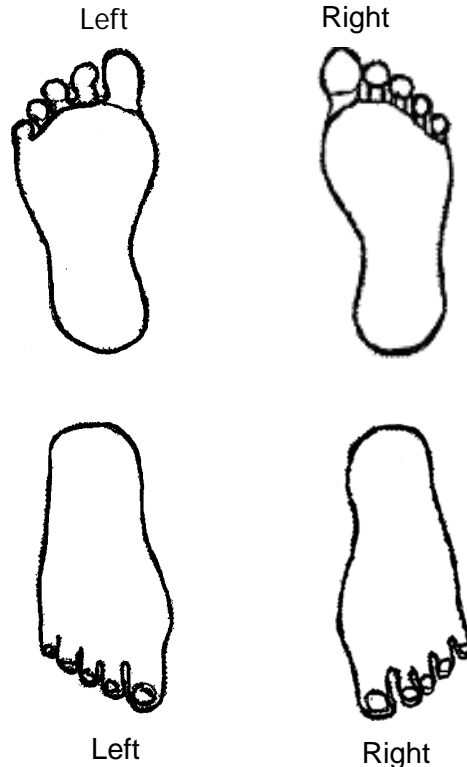
Surname:

Given Names:

UR No:

(AFFIX PATIENT LABEL)

GENERAL FOOT CARE	Circle correct answer			
Feet clean	Yes	No		
Skin Integrity	Intact	Moist	Dry	
Comments:				
Interdigital areas	Normal	Macerated	Dry	
Comments:				
Callus	Thick	Thin	Nil	
Comments:				
Sock/hose clean & well fitting	Yes	No		
Shoes appropriate	Yes	No		
Orthotics/prosthesis	Yes	No		
Nails	Right		Left	
Thickened:	Yes	No	Yes	No
Comments:				
Fungal infection:	Yes	No	Yes	No
Comments:				
Ingrown:	Yes	No	Yes	No
Comments:				



Draw in deformities such as callus, corns, redness, hammer / claw toes, heel cracks.

ASSESSMENT OF NEUROLOGICAL STATUS

Symptoms of neuropathy	Right		Left	
Pain	Yes	No	Yes	No
Burning, Numbness, pins & needles	Yes	No	Yes	No

ASSESSMENT OF VASCULAR STATUS

Symptoms of Peripheral Vascular Disease	Right		Left	
Dorsal Pedis palpable	Y	N	Y	N
Posterior tibial palpable	Y	N	Y	N
Feet Cold to touch	Y	N	Y	N
Hair on feet	Y	N	Y	N
Gangrene	Y	N	Y	N
Amputation	Y	N	Y	N
Intermittent Claudication / rest pain	Y	N	Y	N
Ulcer present	Y	N	Y	N
Pallor on elevation	Y	N	Y	N

ASSESS SELF CARE CAPABILITY		
Understands the effects of diabetes on feet	Yes	No
Can identify appropriate foot care practices	Yes	No
Feet adequately cared for	Yes	No
Impaired Vision	Yes	No
Able to reach feet for safe self care	Yes	No

Previous Foot Assessment- Date _____ **Yes** **By Whom** _____ **No**

Diabetes Education in last 12 months: **Yes** **By Whom** _____ **No**

Proceed to Action Plan (see reverse page)

Diabetes Foot Assessment



Medical Record Diabetes Foot Assessment/ Action Plan Back Page

Surname:

Given Names:

UR No:DOB:

(AFFIX PATIENT LABEL)

RISK CATEGORY

MANAGEMENT GUIDELINES

Low Risk Patient
None of the five high risk characteristics below

- Perform Annual comprehensive foot exam
- Assess/ recommend appropriate foot wear
- Provide education for preventive self care

Complete Action Plan

High Risk Patient
One or more of the following:
 Symptoms of neuropathy
 Absent pedal pulses
 Foot deformity
 Current/History of foot ulcer
 Prior Amputation

- Refer to Podiatrist / Diabetes Educator
- Perform Visual inspection at every visit
- Provide/demonstrate education for preventive self care
- Assess /prescribe appropriate foot wear

Complete Action Plan

Action Plan

<u>Problem</u>	<u>Action Recommended</u>	<u>Details and Date(s) of Referral(s) / Education</u>
<input type="checkbox"/> Ulceration /signs of infection	<ul style="list-style-type: none"> • Immediate referral to General Practitioner 	
<input type="checkbox"/> High risk foot	<ul style="list-style-type: none"> • Referred to Podiatrist / Diabetes Educator • Refer for medical assessment at least every six months • Visual inspection at every visit 	
<input type="checkbox"/> Active foot problem	<ul style="list-style-type: none"> • Refer to Podiatrist and/or General Practitioner 	
<input type="checkbox"/> Symptomatic Peripheral Vascular Disease	<ul style="list-style-type: none"> • Refer to General Practitioner or Physician 	
<input type="checkbox"/> Symptomatic Peripheral Neuropathy	<ul style="list-style-type: none"> • Refer to General Practitioner or Physician 	
<input type="checkbox"/> Foot deformity or abnormality	<ul style="list-style-type: none"> • Referred to Podiatrist 	
<input type="checkbox"/> Inadequate knowledge of foot care practices	<ul style="list-style-type: none"> • Referred to Diabetes Educator • Provide education 	
<input type="checkbox"/> Inability to perform safe self care practices	<ul style="list-style-type: none"> • Referred to Diabetes Educator • Educate family member/carer 	

Comments:

Name:

Date: