

DIABETIC FOOT ASSESSMENT

Risk Categorization: Check all that are applicable

Right Foot		LOW RISK	Left Foot		Right Foot		HIGH RISK	Left Foot	
Yes	No	<i>All must apply to be low risk</i>	Yes	No	Yes	No	<i>One or more must apply to be high risk</i>	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Intact protective sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of protective sensation (neuropathy)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tibial pedal pulse present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absent tibial pedal pulse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Dorsal pedal pulse present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absent dorsal pedal pulse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	No severe deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe foot deformity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	No prior foot ulceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of foot ulceration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	No amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior amputation	<input type="checkbox"/>	<input type="checkbox"/>

Loss of protective sensation at any one of the eight sites indicates a foot at high risk (see diagram on back).

Check or circle all that apply:

Right Foot			Left Foot		Comments
Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Shiny skin	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Thinning skin	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Decreased or absent hair	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Thickening of toenails	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Yellowed/discolored nails/ingrown nails	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Claudication (calf pain)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Temperature changes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Edema	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Paresthesia (tingling)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Burning	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Skin color changes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Toe deformities	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Ulceration(s) / lesion(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Capillary refill less than 3 seconds	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Capillary refill greater than 3 seconds	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Pressure area noted	<input type="checkbox"/>	<input type="checkbox"/>	

Frequency of foot assessment _____ done by _____.

Has there been a change in the patient right/left foot since the last assessment? (specify) _____

Referral made to _____

Mobility Level:

Independent without an assistive device

Independent with an assistive device (specify) _____

Non-ambulatory (specify) _____

Requires stand-by assistance (specify) _____

Services/care(s) provided during this visit (specify) _____

Signature/Title: _____ Date: ____/____/____

PATIENT NAME – Last, First, Middle Initial	ID#
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DIABETIC FOOT ASSESSMENT

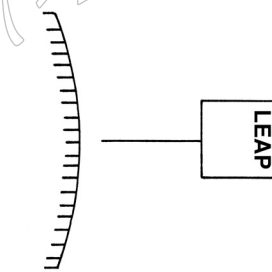
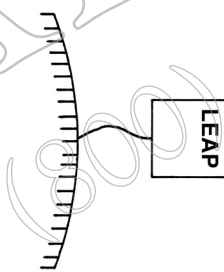
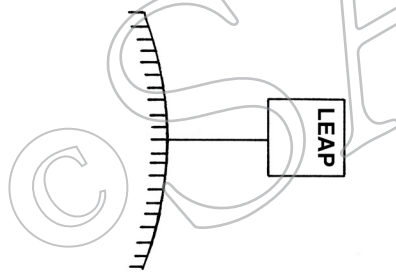
LEAP TEST FOR SENSATION

1. Show the monofilament to the patient and touch it to his/her hand or arm so that he/she knows it does not hurt.
2. Use the 10 gram monofilament to test sensation at the indicated sites on each foot as shown. Apply the monofilament along the perimeter of and NOT on an ulcer, callous, scar, or necrotic tissue.



3. Hold the filament perpendicular to the skin and use a smooth motion when testing. Use a 3 step sequence that includes (1) touch the skin, (2) bend the filament, and (3) lift from the skin.

Do not use rapid movement. The approach, skin contact, and departure of the monofilament should be approximately 1 1/2 seconds duration. (See Figures 1-3).



4. Ask the patient to respond "yes" when the monofilament is felt. If the patient does not respond when you touch a given point on the foot, continue on to another site. When you have completed the sequence, REPEAT the area(s) where the patient did not indicate feeling the monofilament.
5. Use the monofilament in a random sequence.
6. On the form, indicate with a minus sign, "-", the areas where the patient did not respond to the filament. **Loss of protective sensation at any one of the eight sites indicates a foot at high risk.**

PATIENT NAME – Last, First, Middle Initial

ID#