

Patient Name: _____ DOB: _____

Date of Service: _____

Basic Foot Screening Checklist

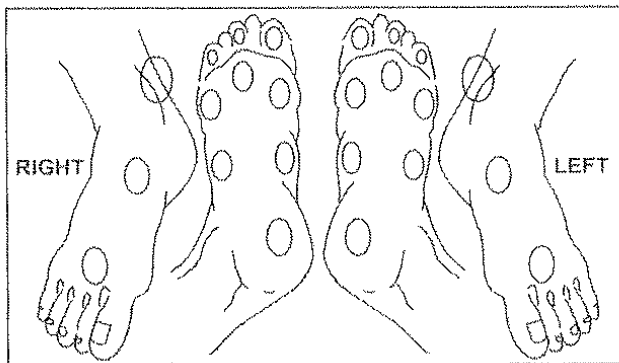
1. Ask the patient:

Burning, tingling, numbness in feet	Y	N
Pain or cramping in calf area during exercise	Y	N
Previous foot ulcer	Y	N

2. Look at both feet:

infection	Y	N
ulceration	Y	N
calluses or corns	Y	N
skin breaks	Y	N
nail disorders	Y	N
foot deformity	Y	N

		LEFT		RIGHT	
3. Check foot pulses	Dorsalis pedis	Y	N	Y	N
	Posterior tibial	Y	N	Y	N



		LEFT		RIGHT	
4. Test for neuropathy	Monofilament	Y	N	Y	N

5. Presence of diabetes complications (check all that apply)

- Peripheral neuropathy
- Peripheral vascular disease
- Ulcer
- Gangrene
- Amputation (specify date, side & level)

MD Reviewer: _____