

LSU Health Sciences Center Diabetes Foot Screen

Name (Last, First, MI) _____ Date: ____/____/____

Fill in the following blanks with a "Y" or "N" to indicate findings in 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 foot shape?	_____	_____
Is there elevated skin temperature?	_____	_____
Is there limited ankle dorsiflexion?	_____	_____
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?	_____	_____

Note the level of sensation in the circles:

+ = Can feel the 5.07 filament — = Can't feel the 5.07 filament



Skin Conditions on the Foot or Between the Toes:

Draw in: Callous , Pre-ulcer , Ulcer (note length and width in cm)

Label with: **R** - redness, **M** - maceration, **D** - dryness, **T** - Tinea

RISK CATEGORY:

- ___ 0 No loss of protective sensation.
- ___ 1 Loss of protective sensation
- ___ 2 Loss of protective sensation with either high pressure (callous/deformity), or poor circulation.
- ___ 3 History of plantar ulceration, neuropathic fracture (Charcot foot) or amputation.