

LSU Health Sciences Center - Abbreviated Diabetes Foot Screen

Name (Last, First, MI) _____ ID # _____

Date: ____/____/____ DOB: ____/____/____

Mark the level of sensation in the circles:

+ = Can feel the 5.07 filament

— = Can't feel the 5.07 filament



Check the appropriate Risk Category based on the following findings:

Is there a history of **foot ulceration or Charcot fracture**? If yes then check **Risk 3**

Can the patient feel the 10 gram filament at all four sites on the foot?

If yes then check **Risk 0**

If the patient **can not feel the 10 gram filament** at any of the four sites

But there is **no** focal callus, deformity or absent pulses then check **Risk 1**.

If the patient **can not feel the 10 gram filament** at any of the four sites

and there is **focal callus, deformity or absent pulses** then check **Risk 2**.

Foot Injury Risk

<input type="checkbox"/>	0 - No loss of protective sensation
<input type="checkbox"/>	1 - Loss of protective sensation
<input type="checkbox"/>	2 - Loss of protective sensation with either high pressure (callus or deformity) or poor circulation
<input type="checkbox"/>	3 - History of foot ulcer or Charcot fracture