

STANDING ORDERS DIABETES MELLITUS – Type II

St. Peter Family Medicine
525 Lilly Road NE ?Olympia, WA 98506
(360) 493-7230 ? fax (360) 493-4180

DIABETIC FOOT EXAM

Patient Name _____ Date _____ Provider _____ **SCORE** _____

- Is there a history of foot ulcer, or ulcer now? Yes No
- Is there toe deformity? Yes No
- Is there abnormal shape? Yes No
- Are pulses absent Yes No
- Can patient see bottom of his/her feet? Yes No
- Is patient wearing poorly fitting shoes Yes No



Key

- 0=Protective sensation intact
- 1=Loss of protective sensation
- 2=Loss of sensation, +pressure changes +/-poor vascularity
- 3=h/o ulcer or neuropathic injury