

SDM FOOT RISK ASSESSMENT / EXAM FORM

Patient Name: _____

Medial Record Number _____

Date: _____

Assessment:

	Yes	No		Yes	No		Yes	No
Abnormal Gait	<input type="checkbox"/>	<input type="checkbox"/>	Hx of Claudication	<input type="checkbox"/>	<input type="checkbox"/>	History of Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>
Smoker	<input type="checkbox"/>	<input type="checkbox"/>	Previous Foot Infections / Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Hx of Peripheral Vascular Disease	<input type="checkbox"/>	<input type="checkbox"/>	Previous Amputation	<input type="checkbox"/>	<input type="checkbox"/>	Can patient inspect own feet?	<input type="checkbox"/>	<input type="checkbox"/>

Exam and Inspection:

- + = Sensate to 5.07 monofilament
- = Insensate to 5.07 monofilament
- D = Dryness
- R = Redness
- C = Callus
- U = Ulcer
- F = Fungal toenails
- I = Ingrown nail
- B = Bunion
- P = Plantar wart
- A = Amputation
- E = Elevated skin temperature
- T = Tinea pedis
- O = Other _____



Deformities:

Right	Left		Comments
_____	_____	Toe deformity	_____
_____	_____	Bony prominence	_____
_____	_____	Charcot foot	_____
_____	_____	Other	_____

Vascular Findings (+) present (-) absent:

Right	Left		Comments
_____	_____	PT Pulse	_____
_____	_____	DP Pulse	_____
_____	_____	Foot Hair	_____

Vibratory: Perception at great toe DIP joint

	Right	Left	Comments
Normal (<10 sec)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abnormal (>10 sec)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Absent	<input type="checkbox"/>	<input type="checkbox"/>	_____

Footwear:

			Describe
Type:	<input type="checkbox"/>	Standard	<input type="checkbox"/>
	<input type="checkbox"/>	Special	
Fit:	<input type="checkbox"/>	Adequate	<input type="checkbox"/>
	<input type="checkbox"/>	Inadequate	
Wear:	<input type="checkbox"/>	Adequate	<input type="checkbox"/>
	<input type="checkbox"/>	Worn	
Use:	<input type="checkbox"/>	Always	<input type="checkbox"/>
	<input type="checkbox"/>	Sometimes	

Socks:

Type:	<input type="checkbox"/>	Standard	<input type="checkbox"/>	Special
Use:	<input type="checkbox"/>	Always	<input type="checkbox"/>	Sometimes

Risk Assessment:

- Low Risk Normal Foot** – Normal foot; sensate to 5.07 monofilament; no ulcer; no deformities; no history of ulcer or amputation
- High Risk Abnormal** – Abnormal foot; insensate to 5.07 monofilament; no active ulcer or deformities; previous ulcer or amputation
- High Risk Simple Ulcer** – Active ulcer; superficial involvement; <2 cm diameter and <0.5 cm deep; no infection; vascular status intact; no symptoms
- High Risk Complex Ulcer** – Active ulcer; extensive involvement; ulcer ≥0.5 cm deep; infection; hyperglycemia; vascular disease; systemic symptoms present

Management:

- Glycemic management _____
- Hypertension management _____
- Smoking cessation: _____
- Foot care: _____
- Footwear: _____
- Smoking cessation _____
- Patient education _____
- Nail and callus care _____
- Lubricant cream: _____
- Podiatry referral: _____
- Referral for Doppler assessment _____
- Other: _____

Follow Up Assessment:

- Every visit – Low Risk Normal Foot
- Every visit – High Risk Abnormal Foot
- Weekly – High Risk Simple Ulcer
- Daily until healed – High Risk

Examiner: _____