Diabetic Foot Exam

PATIENT DETAILS

Name: _____ Date of Birth: _____ dd / mm / yyyy

Date of Examination: _____ dd / mm / yyyy

VISUAL INSPECTION

Right Foot: Skin:

Ulcers (Location:

Blisters (Location:

Cuts/Cracks (Location:

Calluses/Corns (Location:

Redness (Location:

Swelling (Location:

Signs of infection:

Nails:

Right Foot Nails

- [ ] Fungal infection
- [ ] Ingrown
- [ ] Thickened/Discolored

Deformities (describe & location):

Left Foot: Skin:

Ulcers (Location:

Blisters (Location:

Cuts/Cracks (Location:

Calluses/Corns (Location:

Redness (Location:

Swelling (Location:

Signs of infection:

Left Foot Nails

- [ ] Fungal infection
- [ ] Ingrown
- [ ] Thickened/Discolored

Deformities (describe & location):

SENSORY EXAMINATION

Monofilament Test - Right Foot

○ Sensed ○ Not Sensed

Monofilament Test - Left Foot

○ Sensed ○ Not Sensed

Vibration Test - Right Foot

○ Sensed ○ Not Sensed

Vibration Test - Left Foot

○ Sensed ○ Not Sensed

PULSE CHECK

Right Foot - Dorsalis Pedis Pulse

○ Present ○ Absent

Right Foot - Posterior Tibial Pulse

○ Present ○ Absent

Left Foot - Dorsalis Pedis Pulse

○ Present ○ Absent

Left Foot - Posterior Tibial Pulse

○ Present ○ Absent

FOOTWEAR INSPECTION

Footwear Assessment

- [ ] Suitable fit (no tightness, adequate room for toes)
- [ ] Adequate support and cushioning
- [ ] No internal seams causing pressure points

Sole condition:

Recommendations and Interventions:

Follow-up Date (if required): _____ dd / mm / yyyy