

# DIABETIC FOOT EXAM PROGRESS NOTES

PLACE ORIGINAL IN PATIENT'S CHART

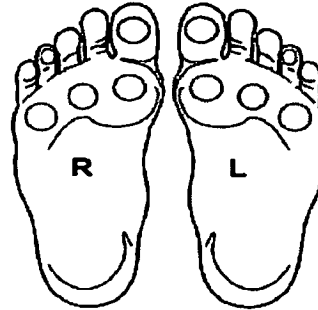
Patient Name: \_\_\_\_\_

HICN Number: \_\_\_\_\_

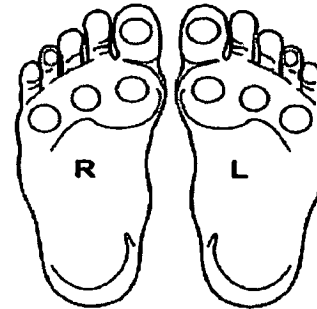
Practitioner Name: \_\_\_\_\_

Date: \_\_\_\_\_

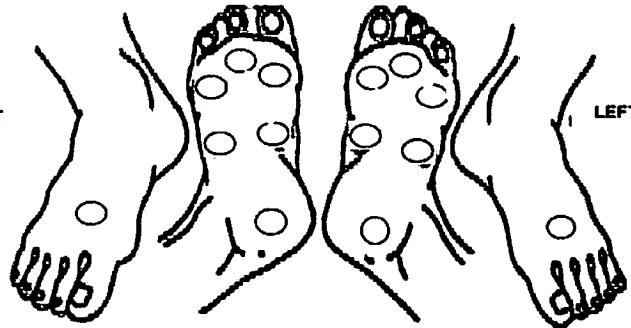
Check the appropriate Boxes to Indicate Findings	None (No)	Left	Right
Current Foot Ulcer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of Foot Ulcer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal Foot Shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toe Deformity (bunion, hammertoe, etc) - Indicate Digit #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Callus Buildup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of Callusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Extremity Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous Amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blister/Laceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Patient see Plantar Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Patient Use Appropriate Footwear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mark Callus/History Location(s)



Mark Ulcer/History Location(s)



P  
L  
A  
N  
T  
A  
R  
  
V  
I  
E  
W

### VASCULAR FINDINGS

	Acceptable	Not Acceptable
Dorsalis Pedis Pulse	<input type="checkbox"/>	<input type="checkbox"/>
Post Tibial Pulse	<input type="checkbox"/>	<input type="checkbox"/>
Foot Hair Growth	<input type="checkbox"/>	<input type="checkbox"/>
Capillary Refill	<input type="checkbox"/>	<input type="checkbox"/>
Cold Feet	<input type="checkbox"/>	<input type="checkbox"/>
Claudications	<input type="checkbox"/>	<input type="checkbox"/>
Pallor/Hyperpigmentation	<input type="checkbox"/>	<input type="checkbox"/>

### DIAGNOSIS INFORMATION

Patient is: (check applicable)

Non-insulin Dependent      Tests  250.00 1 time     250.02 2 times    Per Day

OR  
 Insulin Dependent      Tests  250.01 3 times     250.03 4+ times    Per Day

#### MARK SYMBOLS ON ABOVE DIAGRAM

(1) Foot Sensation: Patient...

Can Feel 5.07 (10 gram) nylon filament = +

Cannot feel 5.07 (10 gram) nylon filament = -

(2) Skin Condition:

**R** = Redness; **S** = Swelling; **W** = Warmth; **D** = Dryness; **M** = Maceration

Patient Educated on Proper Foot Care and Therapeutic Shoe Selection:      YES      NO

Therapeutic Shoes and Inserts Indicated:      YES      NO

MD/DO Signature: \_\_\_\_\_ Date: \_\_\_\_\_