

Diabetic Foot Screening Tool

Work Site: _____

Risk: Low Mod High Stable High

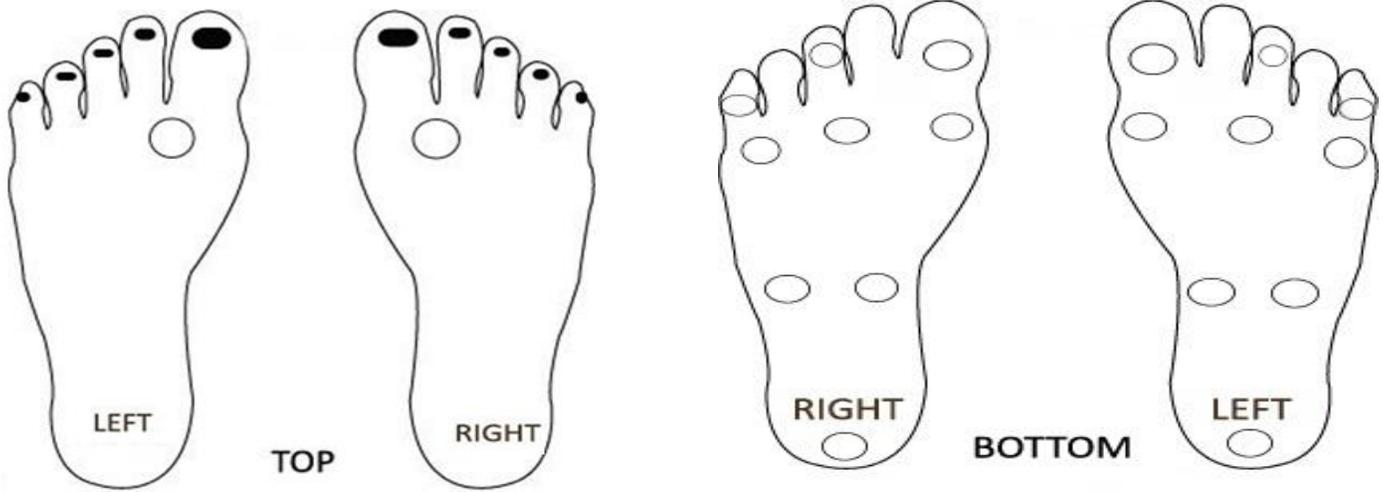
Date of Next Foot Screen: _____

Education Handout Provided

Patient Label: _____

Look	Score		Comment
	Right Foot	Left Foot	
1. Skin 0 – intact and healthy 1 – dry with fungus or light callus 2 – heavy callus build up 3 – open ulceration or history of previous ulcer			
2. Nails 0 – well-kept 1 – unkempt and ragged 2 – thick, damaged or infected			
3. Deformity 0 – no deformity 2 – deformity (bunion, hammer or claw toes, overlapping digits, fallen arch, rocker bottom foot, stable charcot foot) 4 – amputation			
4. Footwear 0 – appropriate 1 – inappropriate 2 – causing trauma/pressure			
Touch	Right Foot	Left Foot	Comment
5. Temperature – Cold 0 – foot warm 1 – foot is cold			
6. Temperature – Hot 0 – foot is warm 1 – foot is hot			
7. Range of Motion 0 – full range to hallux 1 – hallux limitus 2 – hallux rigidus 3 – hallux amputation			
Assess	Right Foot	Left Foot	Comment
8. Sensation – Monofilament Testing 0 = 10 sites detected 2 = 7 - 9 sites detected 4 = 0 - 6 sites detected			
9. Sensation – Ask 4 Questions i. Are your feet ever numb? ii. Do they ever tingle? iii. Do they ever burn? iv. Do they ever feel like insects are crawling on them? 0 – no to all questions 2 – yes to any of the questions			
10. Pedal Pulses 0 – present 1 – absent			
11. Dependent Rubor 0 – no 1 – yes			
12. Erythema 0 – no 1 – yes			
Have you used any form of tobacco in the last six month? Yes <input type="checkbox"/> No <input type="checkbox"/>	How often do you check the bottom of your feet?		
Additional Comments:			

Please send completed forms via interoffice mail to Provincial Skin and Wound Care Nurse Lead, CDP&M, 16 Garfield St. or by fax to 902 569 0579



Monofilament Test Sites

Mark + or - as indicated:

- (+) Patient can feel monofilament in the circled areas
- (-) Patient cannot feel monofilament in the circled areas

Right _____ / 10 positive
 Left _____ / 10 positive

Skin Condition

Chart on above diagram

- (B) Blister
- (U) Ulcer
- (M) Moisture associated skin damage (MASD) cracks between/under toes
- (FI) Nails – fungal infection
- (A) Previous amputation (Mark area amputated)
- (O) Other: _____
- (C) Callous
- (F) Fissure

Ulcer present (describe): _____

Cover with dry dressing: Yes No

Patient referred to: _____ ***Note: INCLUDE COPY OF SCREEN IF REFERRING TO PCP, NP and/or NSWOC

Clinician Signature: _____

Date: _____

Barriers to Treatment:

Financial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No PCP/NP	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cognitive	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Patient Label:

Risk Level and Recommended Follow-up:

Recommended Follow-up

