

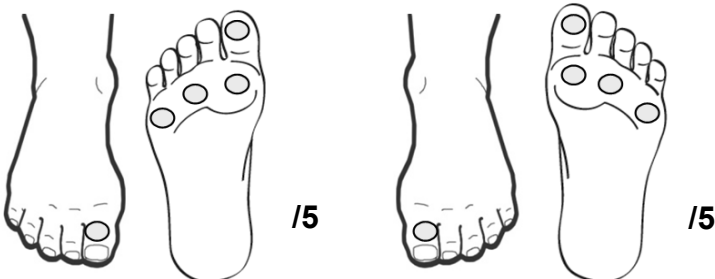
Diabetes Foot Screening Tool

EXAM	FINDINGS	R	L	RISK
SKIN	Normal intact skin – healthy or dry			LOW
	Callus/Corn/Fissure/Crack	*check in between toes		MODERATE
	Prior history of Diabetic Foot Ulcer(s)	not bleeding or draining		MODERATE
	Blister = B	ulcer in remission		
	or	Hemorrhagic callus = HC		
	Fissure or Crack	Bleeding or draining = F		
	Diabetic Foot Ulcer – Not infected and/or with intact dry black eschar = U			HIGH
	Infected Diabetic Foot Ulcer or wet gangrene			URGENT
NAILS	Normal well-kept with minimal discoloration			LOW
	Missing, sharp, unkept, thickened, long or deformed			MODERATE
	Infected ingrown nail			MODERATE
STRUCTURE ANATOMY	Normal	no noted visual abnormalities		LOW
	Decreased range of motion	at ankle or toe joint		
	Deformities	Bunion/Hammer or claw toes/overlapping toes		MODERATE
	Structure	Fallen Arch/ Rocker bottom foot/stable Charcot foot		
	Previous amputation	X over location or draw/describe on diagram		
	Redness over any structural deformities	pressure related		
	Red, hot painful joint or acute Charcot foot			URGENT
SENSATION Testing for LOPS	Normal sensation using 10 g monofilament at the 5 predetermined sites			LOW
	Sensation of numbness/tingling/throbbing/burning			MODERATE
	Absent or altered sensation at one or more of the five sites			
	Acute onset of pain in a previously insensate foot			URGENT
VASCULAR Testing for Arterial Compromise	Normal pulses	normal capillary refill		LOW
	Signs of Ischemia (PAD)			
	Cool skin with pallor, cyanosis or mottling, and/or dependent rubor			HIGH
	One or more pulses not palpable or audible (Doppler)			
	Absent pedal pulses with cold white painful foot or toes			URGENT
FOOTWEAR	Appropriate accommodates foot shape			LOW
	Inadequate Footwear			MODERATE
	Inappropriate Footwear causing pressure/skin breakdown			HIGH

Instructions: Refer to Health Provider's Guide to Diabetes Foot Screening

Mark ulceration location (U). Mark other areas of specific concern: blister (B), draining fissure/crack (F), hemorrhagic callus (HC), and previous amputation (X).

Sensation Testing (monofilament)



Fill in if no sensation ●

Leave blank if sensation present ○

RIGHT **LEFT**
Identify any wounds and location on the foot or toe(s)

Date	Signature	Primary Care Site
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Comments
