

Diabetic Foot Exam

Patient Details:

Name:

Date of Birth:

Date of Examination:

Visual Inspection

Right Foot:

Skin:

- Ulcers (Location: _____)
- Blisters (Location: _____)
- Cuts/Cracks (Location: _____)
- Calluses/Corns (Location: _____)
- Redness (Location: _____)
- Swelling (Location: _____)
- Signs of infection: _____

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: _____

Nails:

- Fungal infection
- Ingrown
- Thickened/Discolored

Deformities (describe & location): _____

Sensory Examination**Monofilament Test:****Right Foot:**

- Sensed
- Not Sensed

Left Foot:

- Sensed
- Not Sensed

Vibration Test:**Right Foot:**

- Sensed
- Not Sensed

Left Foot:

- Sensed
 - Not Sensed
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Pulse Check***Right Foot:***

- Dorsalis Pedis Pulse:
 - Present
 - Absent
- Posterior Tibial Pulse:
 - Present
 - Absent

Left Foot:

- Dorsalis Pedis Pulse:
 - Present
 - Absent

 - Posterior Tibial Pulse:
 - Present
 - Absent
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Footwear Inspection

- Suitable fit (no tightness, adequate room for toes)
 - Adequate support and cushioning
 - No internal seams causing pressure points
 - Sole condition: _____ (e.g., worn out, intact)
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Recommendations and Interventions:

Follow-up Date (if required):