Foot Screening Assessment

Patient________________________Date__________

Medical History:
____________________________Amputation (any digit, foot or toe)
______________________Diabetes, __________________Peripheral Vascular Disease
________________________Anemia, ______________________Renal Disease
_______________________________Peripheral Neuropathy
___________Diabetes, _____________Peripheral Vascular Disease
______________Anemia,   ______________________Renal Disease
_____________________________________Peripheral Neuropathy
________________________________________Immune Deficiency
__________________________________Chemotherapy Medication
_________________________________________Multiple Sclerosis
________________________Any Joint Replacement (hip, knee, etc.)
__________________________Any Lower Extremity Artery Bypass

Screening     [ + ] Present [ - ] Absent

Vascular:  
B  Dorsalis pedis pulse [ ] [ ]
Post. tibial pulse [ ] [ ]
Trophic Changes [ ] [ ]
Diminished toe hairs [ ] [ ]
Thickened nails [ ] [ ]
Pigmented skin [ ] [ ]
Thin, shiny skin [ ] [ ]
Purple/redness of toes [ ] [ ]
C  Cold Feet [ ] [ ]
Swollen feet & ankles [ ] [ ]
Prickly, numb feet [ ] [ ]
Burning feet [ ] [ ]

Musculoskeletal:

<table>
<thead>
<tr>
<th>Right</th>
<th>Condition</th>
<th>Left</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Hammertoes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overlapping toes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Underlapping toe</td>
<td></td>
</tr>
<tr>
<td>( ) Present ( ) Absent</td>
<td>Bunion – Straight toe</td>
<td>( ) Present ( ) Absent</td>
</tr>
<tr>
<td>( ) Present ( ) Absent</td>
<td>Bunion – Angled toe</td>
<td>( ) Present ( ) Absent</td>
</tr>
<tr>
<td>( ) Present ( ) Absent</td>
<td>Bunion – small toe</td>
<td>( ) Present ( ) Absent</td>
</tr>
<tr>
<td>( ) Present ( ) Absent</td>
<td>Flatfoot</td>
<td>( ) Present ( ) Absent</td>
</tr>
<tr>
<td>( ) Present ( ) Absent</td>
<td>High Arch</td>
<td>( ) Present ( ) Absent</td>
</tr>
</tbody>
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Skin and Nails:

<table>
<thead>
<tr>
<th>Right</th>
<th>Condition</th>
<th>Left</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Corn top of toes</td>
<td></td>
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<tr>
<td></td>
<td>Corn end of toes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Corn between toes</td>
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<tr>
<td></td>
<td>Ingrown nail</td>
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<tr>
<td></td>
<td>Fungal nail</td>
<td></td>
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</tbody>
</table>

( )Normal ( )Cool ( )Hot  Skin Temp.  ( )Normal ( )Cool ( )Hot
( )Normal ( )Abnormal  Skin Texture  ( )Normal ( )Abnormal
( )Present ( )Absent  Scaling        ( )Present ( )Absent
( )Present ( )Absent  Rash            ( )Present ( )Absent
( )Present ( )Absent  Skin cracks     ( )Present ( )Absent
( )Present ( )Absent  Masses          ( )Present ( )Absent
( )Present ( )Absent  Ulcers          ( )Present ( )Absent
( )Present ( )Absent  Wounds          ( )Present ( )Absent

Label:  E=Edema  C=Calluses/corns  P=Pain  H=Hematoma
M=Maceration  R=Redness  W=Wound  U=Ulcer
H=Hot  I=Ingrown nail

Approved by the Board of Licensing in Podiatry
**Recommendations:** 
( ) Daily hygiene  
( ) Protective padding  
( ) Nail & Skin care  
( ) Moisturizer  
( ) Compression hose  
( ) Podiatry referral - Due to the compromised condition it is advised that a Doctor of Podiatric Medicine treat this patient.

RN Signature: __________________________________________________________________________

cc: Primary Care Physician – Dr. __________________________________________________________________________