

Foot Screening Assessment

Patient _____ Date _____

() Normal () Cool () Hot
 () Normal () Abnormal
 () Present () Absent
 () Present () Absent
 () Present () Absent
 () Present () Absent
 () Present () Absent
 () Present () Absent

Skin Temp.
Skin Texture
Scaling
Rash
Skin cracks
Masses
Ulcers
Wounds

() Normal () Cool () Hot
 () Normal () Abnormal
 () Present () Absent
 () Present () Absent
 () Present () Absent
 () Present () Absent
 () Present () Absent
 () Present () Absent

Medical History:

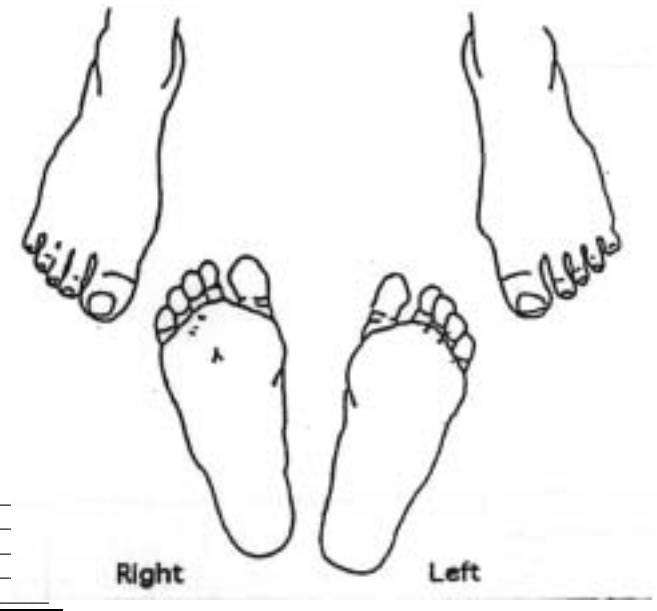
_____ Amputation (any digit, foot or toe)
 _____ Diabetes, _____ Peripheral Vascular Disease
 _____ Anemia, _____ Renal Disease
 _____ Peripheral Neuropathy
 _____ Immune Deficiency
 _____ Heart Bypass or Valve Surgery
 _____ Chemotherapy Medication
 _____ Multiple Sclerosis
 _____ Blood Thinning Medications
 _____ Any Joint Replacement (hip, knee, etc.)
 _____ Any Lower Extremity Artery Bypass

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

	Screening [+] Present	[-] Absent
<u>Vascular:</u>		
	[Rt]	[Lt]
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:

	<u>Right</u>	<u>Condition</u>	<u>Left</u>
		<u>Hammertoes</u>	
		Overlapping toes	
		Underlapping toe	
() Present () Absent		<u>Bunion – Straight toe</u>	() Present () Absent
() Present () Absent		<u>Bunion – Angled toe</u>	() Present () Absent
() Present () Absent		<u>Bunion – small toe</u>	() Present () Absent
() Present () Absent		Flatfoot	() Present () Absent
() Present () Absent		High Arch	() Present () Absent



Skin and Nails:

	<u>Right</u>	<u>Condition</u>	<u>Left</u>
		Corn top of toes	
		Corn end of toes	
		Corn between toes	
		Ingrown nail	
		Fungal nail	

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. _____