

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Patient presents for footcare as follow:

\*Check/circle ONLY IF APPLICABLE:

Reduction of DYSTROPHIC nails:  
 Reduction of NONDYSTROPHIC nails:

Paring of ONE CLAVUS  2-4 CLAVI  5-MORE CLAVI

Debridement of MYCOTIC nails: ALL R 1 2 3 4 5 L 1 2 3 4 5

The nail(s) demonstrate clinical evidence of onychomycosis  
 YES  NO

Does this patient have marked limitation of ambulation,  
pain or secondary infection resulting from the thickened,  
infected toenail?  YES  NO

Debridement of ONYCHAUXIA of: ALL R 1 2 3 4 5 L 1 2 3 4 5

Does each debrided nail have a nail plate thickness of 3mm or  
greater?  YES  NO

Is each debrided nail friable or lytic?  YES  NO

Does the Onychauxia cause this patient marked limitation  
of ambulation or pain?  YES  NO

Debridement of ONYCHOGRYPHOSIS of: ALL R 1 2 3 4 5 L 1 2 3

Does the nail plate cause indentation of or minor  
laceration of the distal toe?  YES  NO

Does the Onychogryphosis cause this patient marked limitation  
of ambulation or pain?  YES  NO

\*\* Does this patient have clinical evidence of Arteriosclerosis  
Obliterans or another acceptable systemic disease along with  
sufficient class findings to justify this footcare?  YES  NO

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