

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 ONYCHOGYPHOSIS 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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