

Form PD 1102 Name: _____

PODIATRY EVALUATION & MANAGEMENT

*Check only if applicable:

HISTORY

Chief complaint:

History of Present Illness:

Location: - feet L R B other:
Quality: aching throbbing discomfort radiating
Severity: mild moderate severe
Duration: days weeks months chronic
Frequency/Timing: always weight-bearing non-weight-bearing occasionally with shoes
Modifying factors: palliative care helps
Assoc. signs & sx:

Review of Systems:

Constitutional: Cardiovascular:
Eyes: Neuropsych:
Endo:
Musculoskeletal:
Integumentary:

EXAMINATION:

Constitutional - General appearance: well-nourished malnourished other:

Psyche: - Mood & affect: alert calm agitated friendly nonresponsive

- Orientated to: time place person none nonresponsive

Cardiovascular:

	B	R	L
-dorsalis pedis	0 +1 +2 +3 +4	0 +1 +2 +3 +4	0 +1 +2 +3 +4
-post tibial	0 +1 +2 +3 +4	0 +1 +2 +3 +4	0 +1 +2 +3 +4
-edema	0 +1 +2 +3 +4	0 +1 +2 +3 +4	0 +1 +2 +3 +4
-varicosities	absent / present	absent / present	absent / present
-temperature	cold cool WNL warm	cold cool WNL warm	cold cool WNL warm
hair growth	absent diminished WNL	absent diminished WNL	absent diminished WNL

Musculoskeletal**-misalignments, masses etc.:**

bunion B R L /

tailors bunion B R L

hammertoe: R1 2 3 4 5 L1 2 3 4 5

mallettoe: R12345 L12345

-range of motion: WNL diminished

hypermobility other:

-gait/station: WNL apulsive
pronatedrestricted ambulation nonambulatory
other:

-stability/dislocation: dislocation at: N/A

-muscle strength/atrophy: WNL diminished flaccid paralysis

Dermatologic-Inspection (rash, clavi-HD/HM: R1 2 3 4 5 L1 2 3 4 5
lesions, ulcers etc.)

Heel callous: R L IPK: R1 2 3 4 5 L1 2 3 4 5

pinch clavus: RH LH

Met plantar callous: R L

-Palpation: thin/atrophic WNL induration nodules

-Nails: nondystrophic: all R1 2 3 4 5 L1 2 3 4 5

dystrophic: all R1 2 3 4 5 L1 2 3 4 5

Onychauxic and friable or lytic with nail plate thickness of 3 mm or greater:

All R1 2 3 4 5 L1 2 3 4 5

Is there marked limitation of ambulation due to onychauxia (ambulatory patient) or does the patient suffer pain resulting from the thickening and dystrophy of the nail plate? YES NO

ONYCHOGRYPHOSIS of: ALL R1 2 3 4 5 L1 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

Onychomycosis is clinically evident: R1 2 3 4 5 L1 2 3 4 5Does the patient have **marked limitation of ambulation, pain or secondary infection** resulting from the thickened and infected nailplate? YES NO**Neurologic:**

-DTRs: WNL Babinski

-Sensorium: (touch, pin, WNL other:
vibratory etc.)

PLAN: _____

DIAGNOSES: **Appropriate IDL Diagnoses**

Podiatrist signature

Date