

# Diabetic Foot Exam

## Patient Details:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

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## Visual Inspection

### Right Foot:

#### Skin:

- ☐ Ulcers (Location: \_\_\_\_\_)
- ☐ Blisters (Location: \_\_\_\_\_)
- ☐ Cuts/Cracks (Location: \_\_\_\_\_)
- ☐ Calluses/Corns (Location: \_\_\_\_\_)
- ☐ Redness (Location: \_\_\_\_\_)
- ☐ Swelling (Location: \_\_\_\_\_)
- ☐ Signs of infection: \_\_\_\_\_

#### Nails:

- ☐ Fungal infection
- ☐ Ingrown
- ☐ Thickened/Discolored

**Deformities (describe & location):** \_\_\_\_\_

### Left Foot:

#### Skin:

- ☐ Ulcers (Location: \_\_\_\_\_)
- ☐ Blisters (Location: \_\_\_\_\_)
- ☐ Cuts/Cracks (Location: \_\_\_\_\_)
- ☐ Calluses/Corns (Location: \_\_\_\_\_)
- ☐ Redness (Location: \_\_\_\_\_)
- ☐ Swelling (Location: \_\_\_\_\_)
- ☐ Signs of infection: \_\_\_\_\_

**Nails:**

- ☐ Fungal infection
- ☐ Ingrown
- ☐ Thickened/Discolored

**Deformities (describe & location):** \_\_\_\_\_

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**Sensory Examination****Monofilament Test:****Right Foot:**

- ☐ Sensed
- ☐ Not Sensed

**Left Foot:**

- ☐ Sensed
- ☐ Not Sensed

**Vibration Test:****Right Foot:**

- ☐ Sensed
- ☐ Not Sensed

**Left Foot:**

- ☐ Sensed
  - ☐ Not Sensed
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**Pulse Check*****Right Foot:***

- Dorsalis Pedis Pulse:
  - ☐ Present
  - ☐ Absent
- Posterior Tibial Pulse:
  - ☐ Present
  - ☐ Absent

**Left Foot:**

- Dorsalis Pedis Pulse:

☐ Present

☐ Absent

- Posterior Tibial Pulse:

☐ Present

☐ Absent

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**Footwear Inspection**

☐ Suitable fit (no tightness, adequate room for toes)

☐ Adequate support and cushioning

☐ No internal seams causing pressure points

☐ Sole condition: \_\_\_\_\_ (e.g., worn out, intact)

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**Recommendations and Interventions:****Follow-up Date (if required):**