

**1 Patient Information**

**1 PATIENT DETAILS**

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type:	_____	Affected Foot / Laterality:	_____

**CC Chief Complaint**

**2 PRIMARY FOOT OR ANKLE CONCERN**

Document the primary concern in the patient's own words — location, laterality, and duration...

**S Subjective**

**3 PATIENT-REPORTED SYMPTOMS & PODIATRIC HISTORY**

**3a ONSET & CONTEXT**

Trauma, overuse, footwear-related issues, diabetic complications, infection, or gradual development...

**3b LOCATION & LATERALITY**

Specific anatomical site — toes, forefoot, midfoot, hindfoot, ankle, nail, skin, or wound location...

**3c PAIN CHARACTERISTICS**

Quality, severity, timing, radiation, and progression of pain...

**3d FUNCTIONAL IMPACT**

Effect on walking, standing, footwear tolerance, work duties, exercise, ADLs, and sleep...

**3e ASSOCIATED SYMPTOMS**

Swelling, redness, drainage, numbness, tingling, burning, weakness, instability, ulceration, deformity, callus, nail changes, or gait disturbance...

**3f RELEVANT MEDICAL HISTORY**

Diabetes / Peripheral Neuropathy: _____	Peripheral Arterial Disease: _____
Prior Ulcers / Amputations: _____	Gout / Arthritis / Vascular Disease: _____

**3g PRIOR TREATMENT**

Footwear modification, orthotics, wound care, debridement, antibiotics, injections, PT, surgery, or prior imaging...

**3h PERTINENT NEGATIVES**

Denial of fever, spreading erythema, purulent drainage, rapidly worsening pain, acute ischemic symptoms, new loss of sensation, or inability to bear weight...

## O Objective

### 4 MEASURABLE & OBSERVED FINDINGS

#### V VITAL SIGNS

Temperature:	_____	Blood Pressure:	_____
Heart Rate:	_____	Respiratory Rate:	_____
Oxygen Saturation:	_____	Weight / BMI:	_____
Pain Score:	_____		_____

#### 4a INSPECTION

Skin integrity, deformity, swelling, erythema, callus, ulceration, nail changes, alignment, footwear wear pattern...

#### 4b PALPATION

Tenderness, warmth, masses, crepitus, fluctuance, or bony prominence...

#### 4c RANGE OF MOTION

Ankle ROM:	_____	Subtalar ROM:	_____
Midfoot ROM:	_____	Toe ROM:	_____

#### 4d STRENGTH

Ankle Dorsiflexion / Plantarflexion:	_____	Inversion / Eversion:	_____
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#### 4e VASCULAR STATUS

Dorsalis Pedis Pulse (R/L):	_____	Posterior Tibial Pulse (R/L):	_____
Capillary Refill:	_____	Skin Temperature / Color / Edema:	_____

#### 4f NEUROLOGIC STATUS

10g Monofilament (protective sensation):	_____	Vibration Sense:	_____
Light Touch / Proprioception:	_____	Neuropathic Symptoms:	_____

#### 4g DERMATOLOGIC / NAIL FINDINGS

Fungal changes, ingrown nail, lesions, fissures, maceration, hyperkeratosis, wounds...

#### 4h BIOMECHANICS / GAIT

Arch type, gait pattern, weight-bearing alignment, assistive device use, orthotic use...

#### 4i WOUND ASSESSMENT (IF APPLICABLE)

Location:	_____	Size (L x W x D cm):	_____
Wound Bed / Drainage / Odor:	_____	Periwound Skin:	_____
Tunneling / Undermining:	_____	Signs of Infection:	_____

## L Lab & Imaging Results

### 5 REVIEWED DATA

#### 5a IMAGING STUDIES

Foot/ankle X-ray, MRI, CT, ultrasound, vascular studies, or post-operative imaging...

#### 5b LABORATORY STUDIES

CBC, ESR, CRP, HbA1c, glucose, wound culture, uric acid, renal function, or infection-related labs...

**5c OTHER DIAGNOSTICS**

ABI/TBI, Doppler findings, nerve studies, pathology, or biopsy results if applicable...

**A Assessment**

**6 PODIATRY CLINICAL INTERPRETATION**

Primary podiatric diagnosis or working diagnosis. Laterality, severity, acuity, and functional impact. Diabetic foot risk status if applicable. Vascular, neurologic, infectious, dermatologic, or biomechanical contributors. Wound classification or infection concern if applicable. Surgical or procedural considerations...

**P Plan**

**7 PODIATRIC MANAGEMENT**

**7a FOOTWEAR, ORTHOTICS & OFFLOADING**

Footwear modification, orthotics, padding, offloading device, bracing, or activity modification...

**7b WOUND CARE & INFECTION MANAGEMENT**

Wound care, debridement, dressing plan, or infection management performed or ordered...

**7c NAIL / CALLUS CARE**

Nail or callus care performed today — type and site...

**7d MEDICATIONS & INJECTIONS**

Antibiotics, antifungals, analgesics, or injections prescribed or administered...

**7e DIAGNOSTICS & REFERRALS**

Imaging, labs, vascular studies, or cultures ordered. Referrals to vascular surgery, wound care, ID, endocrinology, PT, or orthopedics...

**7f PATIENT EDUCATION**

Diabetic foot education, daily skin checks, hygiene, footwear guidance, and warning signs...

**F Follow-Up**

**8 REASSESSMENT PLAN**

Follow-up timeframe and purpose: \_\_\_\_\_

Wound check, diabetic foot monitoring, repeat imaging, post-procedure evaluation, or pain/function reassessment...

**TIME DOCUMENTATION & BILLING**

Total Time: \_\_\_\_\_ Counseling / Coordination Time: \_\_\_\_\_ E/M Level: \_\_\_\_\_ Procedure Code(s): \_\_\_\_\_

Basis for Billing: \_\_\_\_\_ Primary ICD-10 Code: \_\_\_\_\_

Secondary ICD-10 Code(s): \_\_\_\_\_

PROVIDER NAME, DPM

SPECIALTY: PODIATRY

DATE

TIME

