MARVIX AI

DIABETIC FOOT CARE SOAP NOTE TEMPLATE

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1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: DIABETIC FOOT CARE CONSULTATION / FOLLOW-UP / PREVENTIVE FOOT EXAM / ULCER FOLLOW-UP

CARE SETTING: OUTPATIENT / WOUND CLINIC / PODIATRY CLINIC / INPATIENT / SKILLED NURSING FACILITY / HOME HEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

ENDOCRINOLOGIST, IF APPLICABLE

PODIATRIST / WOUND CARE PROVIDER, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY DIABETIC FOOT CONCERN

Primary diabetic foot-related reason for the visit in the patient's own words when possible — diabetic foot exam, foot pain, numbness, ulcer, wound follow-up, callus, nail care, infection concern, footwear issue, Charcot concern, neuropathy, or limb preservation follow-up...

S SUBJECTIVE

3 PATIENT-REPORTED FOOT SYMPTOMS, WOUND HISTORY, PREVENTIVE CARE & ADHERENCE

3a INDICATION, DIABETES & FOOT SYMPTOMS

Reason for Diabetic Foot Care Evaluation (routine diabetic foot exam, preventive foot care, diabetic foot ulcer evaluation, wound follow-up, callus or nail care, neuropathy assessment, infection concern, footwear evaluation, offloading review, Charcot evaluation, post-procedure follow-up):

Diabetes History (diabetes type, duration, glycemic control, most recent HbA1c, insulin or medication use, hypoglycemia and hyperglycemia episodes, home glucose trends, diabetes-related complications):

Foot Symptoms (pain, numbness, tingling, burning, loss of sensation, cramping, swelling, redness, warmth, drainage, odor, bleeding, itching, skin cracking, callus, deformity, change in foot appearance):

Wound / Ulcer History (ulcer onset, duration, location, laterality, suspected cause, progression, drainage, odor, pain, bleeding, prior measurements, prior treatment, recurrence; whether improving, worsening, stable, or non-healing):

3b NEUROPATHY, VASCULAR & INFECTION SYMPTOMS

Neuropathy Symptoms (numbness, tingling, burning pain, reduced protective sensation, balance issues, unnoticed injury, nighttime symptoms, gait instability, recurrent trauma):

Vascular Symptoms (claudication, rest pain, cold feet, color change, delayed healing, dependent rubor, swelling, prior vascular testing, prior revascularization, peripheral arterial disease history):

Infection Symptoms (fever, chills, increased foot pain, erythema, warmth, swelling, purulent drainage, foul odor, streaking, cellulitis, wound expansion, abscess, osteomyelitis history):

3c FOOTWEAR, SELF-CARE HISTORY & BARRIERS

Footwear / Offloading History (current shoes, diabetic shoes, inserts, braces, walking boot, total contact cast, orthotics, prosthetics, barefoot walking, fit problems, pressure points, adherence to offloading recommendations):

Skin and Nail Care History (dry skin, fissures, calluses, corns, ingrown nails, fungal nails, thickened nails, self-trimming practices, podiatry care frequency, foot inspection habits):

Prior Foot History (prior diabetic foot ulcer, prior infection, osteomyelitis, Charcot arthropathy, prior amputation, foot surgery, revascularization, hospitalization, wound care, podiatric procedures):

Functional Impact (walking, standing, footwear, work, sleep, exercise, activities of daily living, transfers, balance, mobility aids, quality of life):

Risk Factors for Foot Complications (neuropathy, peripheral arterial disease, prior ulcer, prior amputation, poor glycemic control, CKD / ESRD, smoking, deformity, callus, poor vision, poor footwear, limited mobility, immunosuppression, edema, inability to perform self-foot care):

Medication and Treatment Adherence (diabetes medication adherence, antibiotics, wound care medications, neuropathic pain medications, antiplatelet and statin therapy, dressing changes, offloading adherence, barriers to care):

Pertinent Negatives (fever, rapidly spreading redness, severe foot pain, new numbness or weakness, rest pain, black discoloration, gangrene, purulent drainage, systemic illness, acute limb ischemia symptoms):

ROS DIABETIC FOOT CARE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Foot pain, numbness, tingling, burning, or loss of sensation	
Foot ulcer, wound drainage, odor, bleeding, redness, warmth, or swelling	
Callus, corn, cracked skin, nail thickening, ingrown nail, or fungal nail changes	
Claudication, rest pain, cold foot, color change, or delayed wound healing	
Fever, chills, fatigue, or systemic infection symptoms	
Balance problems, falls, gait difficulty, or difficulty wearing shoes	
Hyperglycemia, hypoglycemia, poor appetite, weight change, or medication adherence concerns	
Dressing, offloading, footwear, or home foot care barriers	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

WEIGHT

BMI

PAIN SCORE

5a GENERAL & VASCULAR EXAMINATION

General Appearance (distress level, mobility, hygiene, nutritional appearance, ability to participate in foot care, overall clinical condition):

Vascular Examination (dorsalis pedis and posterior tibial pulses, Doppler signals, capillary refill, skin temperature, hair growth, dependent rubor, pallor with elevation, cyanosis, edema, varicosities, signs of peripheral arterial or venous disease):

5b NEUROLOGIC, STRUCTURAL, SKIN & NAIL EXAMINATION

Neurologic Examination (protective sensation, monofilament testing, vibration sense, proprioception, pinprick or light touch, neuropathy findings, motor strength, reflexes, gait stability, ability to detect injury or pressure):

Musculoskeletal / Foot Structure (deformity, bunions, hammertoes, Charcot changes, prominent metatarsal heads, limited joint mobility, pes planus or cavus, amputation status, pressure points, gait, balance, footwear-related structural concerns):

Skin Examination (dryness, fissures, maceration, callus, corns, erythema, cellulitis, tinea pedis, pressure areas, discoloration, bruising, ulceration, necrosis, eschar, gangrene, surgical scars, additional wounds):

Nail Examination (nail thickness, dystrophy, discoloration, fungal changes, ingrown nails, trimming status, tenderness, paronychia, subungual debris, traumatic nail changes):

RA DIABETIC FOOT RISK ASSESSMENT

6 RISK LEVEL DETERMINATION

PRESENCE OR ABSENCE OF PERIPHERAL NEUROPATHY

PRESENCE OR ABSENCE OF PERIPHERAL ARTERIAL DISEASE

PRIOR FOOT ULCER HISTORY

PRIOR AMPUTATION HISTORY

CURRENT ULCER OR WOUND STATUS

FOOT DEFORMITY OR CHARCOT CHANGES

CALLUS OR PRESSURE AREAS

FOOTWEAR ADEQUACY

ABILITY TO PERFORM SELF-FOOT INSPECTION

OVERALL RISK CATEGORY FOR ULCERATION OR LIMB LOSS

Vision, mobility, cognitive, or caregiver limitations affecting foot care:

WA WOUND / ULCER ASSESSMENT, IF APPLICABLE

7 DESCRIBE EACH DIABETIC FOOT WOUND SEPARATELY

WOUND NUMBER

LOCATION AND LATERALITY

WOUND TYPE OR SUSPECTED ETIOLOGY

DATE FIRST ASSESSED, IF KNOWN

LENGTH × WIDTH × DEPTH

WOUND CLASSIFICATION OR GRADE, IF APPLICABLE

EXUDATE AMOUNT, COLOR, CONSISTENCY, ODOR

WOUND PHOTOGRAPHS OBTAINED, IF APPLICABLE

Undermining and tunneling, including clock-face location and depth:

Wound bed tissue type (granulation, slough, eschar, epithelialization, necrosis, exposed tendon, exposed bone, exposed joint, exposed hardware):

Wound edges (attached, rolled, undermined, callused, macerated, irregular); periwound condition:

Bleeding or friability; signs of infection, ischemia, gangrene, abscess, or deep tissue involvement:

Pain with wound care or palpation; comparison to prior measurements and appearance:

CL DIABETIC FOOT CLASSIFICATION, IF APPLICABLE

8 CLASSIFICATION

WAGNER GRADE

UNIVERSITY OF TEXAS DIABETIC FOOT CLASSIFICATION

WIFI CLASSIFICATION, IF USED

PRESSURE INJURY STAGE, IF APPLICABLE

CHARCOT STAGE OR DEFORMITY STATUS

GANGRENE EXTENT AND LOCATION

OSTEOMYELITIS CONCERN

ABSCESS OR DEEP SPACE INFECTION CONCERN

Exposed tendon, bone, joint, capsule, or hardware:

Overall amputation risk:

PR PROCEDURES PERFORMED

9 DIABETIC FOOT CARE OR WOUND PROCEDURES THIS VISIT

Diabetic foot exam · Nail debridement · Callus paring · Selective debridement · Excisional debridement · Incision and drainage · Wound culture collection · Bone biopsy · Negative pressure wound therapy application or change · Skin substitute or graft application · Total contact cast application · Offloading device application · Dressing change · Wound photography or measurement

PROCEDURE NAME

INDICATION

FOOT / WOUND LOCATION AND LATERALITY

CONSENT, WHEN REQUIRED

ANESTHESIA, IF USED

INSTRUMENTS USED

TISSUE, NAIL, OR CALLUS REMOVED

BLEEDING / HEMOSTASIS

POST-PROCEDURE MEASUREMENTS, IF APPLICABLE

DRESSING AND OFFLOADING APPLIED

Technique:

Patient tolerance and complications, if any:

L LABORATORY AND DIAGNOSTIC RESULTS

10 RESULTS REVIEWED OR ORDERED

Diabetes / Metabolic Labs (HbA1c, glucose, CMP, renal function, lipid panel, albumin, prealbumin, nutrition markers, other metabolic data):

Infection Labs (CBC, ESR, CRP, blood cultures, wound cultures, tissue cultures, bone cultures, antibiotic sensitivities, prior resistant organisms):

Imaging (foot X-ray, MRI, CT, ultrasound, bone scan, tagged WBC scan; imaging for osteomyelitis, abscess, gas, foreign body, fracture, Charcot arthropathy, deep infection):

Vascular Studies (ABI, TBI, toe pressures, arterial duplex, venous duplex, $TcPO_2$, skin perfusion pressure, CTA / MRA, angiography, revascularization reports):

Pathology (bone biopsy, tissue pathology, amputation pathology, margin status, inflammatory findings, atypical wound pathology):

Prior Records Reviewed (podiatry records, wound clinic notes, vascular surgery notes, endocrinology notes, hospital records, operative reports, infectious disease notes, home health notes, prior wound measurements and photos, medication history):

A ASSESSMENT

11 DIABETIC FOOT CARE CLINICAL INTERPRETATION

Primary diabetic foot diagnosis or working diagnosis. Diabetes control and relationship to foot risk. Presence and severity of neuropathy. Presence and severity of peripheral arterial or venous disease. Wound type, location, severity, and healing status if present. Presence or absence of infection, cellulitis, abscess, osteomyelitis, gangrene, necrosis, pressure injury, Charcot change, or exposed structure. Footwear and offloading adequacy and adherence. Skin, callus, nail, or deformity-related risk factors. Healing barriers including glycemic control, vascular disease, neuropathy, renal disease, smoking, malnutrition, edema, pressure, poor footwear, or limited self-care. Overall risk of ulceration, recurrence, infection, limb loss, or need for escalation. Need for debridement, culture, antibiotics, imaging, vascular evaluation, offloading, footwear prescription, podiatry follow-up, wound care, or urgent referral...

P PLAN

12 DIABETIC FOOT CARE MANAGEMENT BY PROBLEM

Preventive foot care plan (daily foot inspection, skin care, nail care, callus management, hygiene, avoidance of barefoot walking, caregiver assistance). Wound care plan (cleansing, dressing type, topical agents, dressing frequency, who will perform dressing changes, supply needs). Debridement or callus and nail care plan. Infection management plan (cultures, antibiotics, imaging, osteomyelitis evaluation, infectious disease referral, source control, urgent escalation). Offloading plan (diabetic shoes, custom inserts, removable cast walker, total contact cast, surgical shoe, heel protector, wheelchair use, activity restriction, pressure redistribution). Footwear plan. Vascular evaluation plan. Diabetes optimization plan. Neuropathy management plan. Nutrition and healing plan. Smoking cessation and risk reduction plan. Referral and coordination plan. Patient education...

F FOLLOW-UP

13 REASSESSMENT PLAN

Follow-up timeframe and purpose (preventive foot exam interval, wound measurement reassessment, debridement, callus or nail care, infection monitoring, culture or imaging review, vascular testing review, footwear or offloading reassessment, limb preservation follow-up):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

PROCEDURE TIME, IF APPLICABLE

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME, IF APPLICABLE

HOME HEALTH / SUPPLY COORDINATION TIME, IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / PROCEDURE-BASED / PREVENTIVE FOOT CARE

E/M LEVEL, IF APPLICABLE: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

DIABETIC FOOT EXAM CODE(S), IF APPLICABLE

NAIL / CALLUS PROCEDURE CODE(S), IF APPLICABLE

DEBRIDEMENT CODE(S), IF APPLICABLE

WOUND PROCEDURE CODE(S), IF APPLICABLE

OFFLOADING / CAST / ORTHOTIC CODE(S), IF APPLICABLE

PRIMARY ICD-10 DIAGNOSIS CODE + DESCRIPTION

SECONDARY ICD-10 DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: DIABETIC FOOT CARE / PODIATRY / WOUND CARE

DATE

TIME