Basic Foot Assessment Checklist

1.	Ask the patient neuropathic symptoms rest pain intermittent claudication previous foot ulcer amputation specify SITE		Y Y	N N N N N	ΓΕ <u>/</u>	/	
2.	u C S	infection ulceration calluses or corns skin breaks nail disorders		N N N N			
				LEFT		RIGHT	
3.	Check foot pulses	Dorsalis pedis		Y	N	Y	N
		Posterior tibial		Υ	N	Y	N
		,			FT	RIG	·UT
4	Test for neuropathy	Monofilament *		Υ	N	Y	N
	*detected at sites marke Left	(° °)	Office of the second se	Right			
5.	Assess footwear style condition fit		Good Good Good	Poor Poor Poor			
6.	Assess education need Does the patient understant Can the patient identify app Are the patient's feet adequ	Y Y Y	N N N				
7.	Assess self care capacity Does the patient have impaire Can the patient reach own fee	Y Y	N N				

<u>All people with diabetes</u> need to have their feet assessed with these 7 simple steps <u>every 6 months</u> or more often if problems are identified

Action Plan following Basic Foot Assessment

DATE OF REFERRA	L/_				
PATIENT NAME			SERVIC	E PROVIDER	
Is the foot high risk?			Yes 🖵	No 🖵	(re-check in 6 months)
If yes, why?		peripheral ne	scular disease y	ion or problem	
Action* Record deta alternative ca	-		erred to. Where	e resources a	are unavailable, indicate and describ
		gnificant infect			
	ferred to	o podiatrist and/ olinary team:	/or		
lea	ast ever	or medical asse y 6 months and on every 3 mon	l foot		
* Active fo		olem o podiatrist			
		eripheral vascu o vascular surge			
• in	volving (endocrinologist	/ physician :		
		eripheral neuro endocrinologis			
		or abnormality o podiatrist :			
	ate knov ferred to		care practices		
• or	educati	on provided	T Yes		

*The patient's General Practitioner or Local Medical Officer will usually be responsible for coordinating the patient's care and should be informed of referrals, interventions and progress