

Patient's Name (Last, First, Middle)

Date of Birth:

Social Security Number:

Medication:

Date of Disease Onset:

Initial

F/U

Fill in the following blanks with an R, L, or B to indicate positive findings on the right, left or both feet.

Has there been a change in the foot since last evaluation? Yes___ No___ N/A___

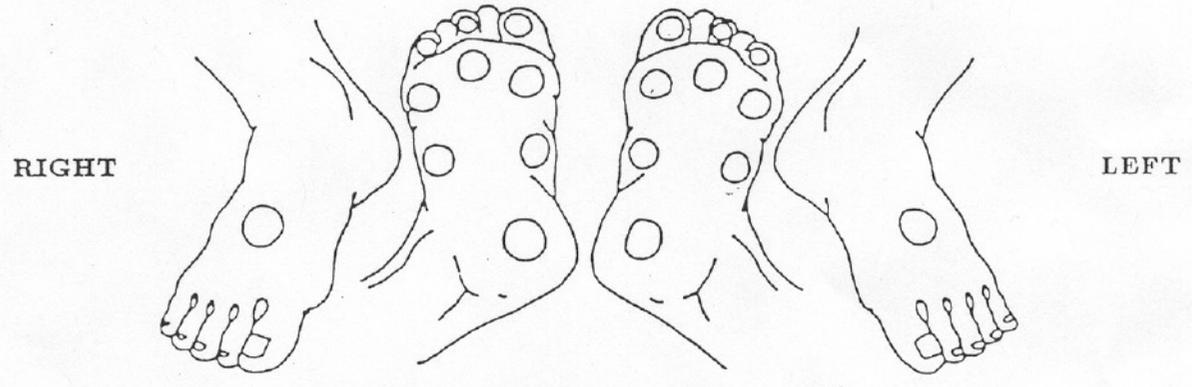
Is there a foot ulcer now or history of foot ulcer? Yes___ No___

Does the foot have an abnormal shape? Yes___ No___

Is there weakness in the ankle or foot? Yes___ No___

Are the nails thick, too long or ingrown? Yes___ No___

Label: Sensory Level with a "+" in the circled areas of the foot if the patient can feel the 10 gram (5.07 Semmes-Weinstein) nylon filament and "-" if he/she can not feel the 10 gram filament.



Draw in Callus , Pre-ulcer , Ulcer  (Note width/depth in cm.)
and Label: Skin Condition with R - Redness, S - Swelling, W - Warmth, D - Dryness, M - Maceration

Does the patient use footwear appropriate for his/her category? Yes___ No___

RISK CATEGORY:	— 0	No loss of protective sensation.
	— 1	Loss of protective sensation (no weakness, deformity, callus, pre-ulcer or Hx. ulceration.)
	— 2	Loss of protective sensation with weakness, deformity, pre-ulcer or callus but no Hx. ulceration within last 2 years.
	— 3	History of plantar ulceration within last 2 years.
	— 4	Charcot foot

Date of Next Evaluation: (Guidelines)	Category 0	One Year _____	Category 2	Six Months _____
	Category 1	One Year _____	Category 3	One to Three Months _____