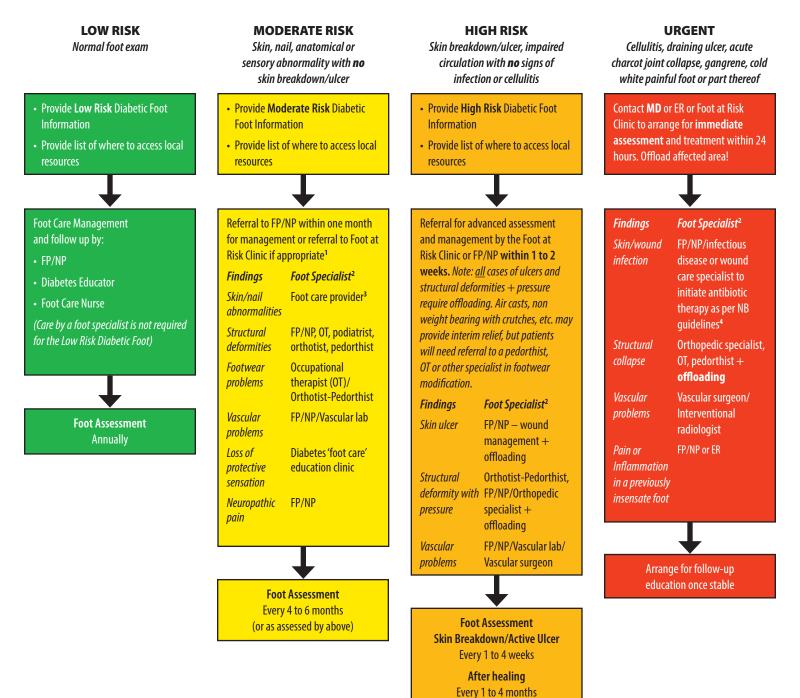


Foot Risk Assessment Form

Name		_	Date of F	Birth (YYYY-MM-DD)	Medicare N°
Diabetic Yes No					
EXAM	FINDINGS	R	L	RISK	ACTION PLAN
SKIN	Intact and healthy			LOW	Please note findings on diagram as appropriate
	Callous/corn (C)			MODERATE	
	Crack or fissure (F)				
	Blister / Hemorrhagic callous			HIGH URGENT	
	Non infected ulcers or skin breakdown (U)				
	Infected, draining ulcer (U)				
	Red, hot, swollen foot/cellulitis				
NAILS	Normal, well kept, minimal discoloration			LOW	
	Missing, sharp, unkempt, thickened, long or deformed			MODERATE	
	Infected, ingrown			HIGH	α) (β
STRUCTURE- ANATOMY	Normal			LOW	
	Bunion (B)			MODERATE	
	Hammer or claw toes (H)				
	Overlapping digits (0)				
	Limited mobility/range of motion at ankle or toe joint				
	Fallen Arch				
	Rocker bottom foot/stable Charcot foot changes				
	Previous amputation				
	Any of the above abnormalities with redness over pressure areas (R)			HIGH	
	Red, hot painful joint or acute Charcot joint "collapse"			URGENT	NOTES:
SENSATION	Normal sensation to 10 g monofilament exam			LOW	
mark + or - for sensation testing	Subjective complaint of numbness, tingling, crawling or burning sensation			MODERATE	
PEP 0	Absent sensation to 10 g monofilament exam at one or more sites (callous may give false negative finding)				
	Pain or inflammation in a previously insensate foot			URGENT	
VASCULAR	Normal pulses, Normal capillary refill			LOW	
	Hair loss, spider veins, varicosities			MODERATE	
	Edema (E)				
	Leg muscle pain or fatigue on walking that is relieved by rest in minutes				
	Cool skin with pallor or cyanosis				
	Reduced pulses		HIGH		
	Dependent rubor				
	Gangrene			URGENT	
	Cold white painful foot or toes			UNGENT	
FOOT CARE	Adequate foot care –eg. healthy skin, nails			LOW	
	Inadequate foot care – needs education and/or assistance with foot care			MODERATE	
	Grossly abnormal skin/nail – needs specialty care			HIGH	
FOOTWEAR	Appropriate to accommodate foot shape			LOW	
	Inappropriate – eg. worn out, too tight, too high			MODERATE	
	Footwear causing pressure/skin breakdown			HIGH	

Foot Referral Algorithm

The risk score is determined by the highest risk score that is assessed in any category during the foot assessment. All patients, regardless of risk score, should be counseled on healthy diet and exercise and treated to achieve and maintain target A1C, BP, cholesterol, and smoking cessation. Patients who smoke should be encouraged to contact the Smokers Help Line: 1-877-513-5333



- ¹ Appropriate referral to a 'Foot at Risk' clinic may include patients that require intervention from more than one discipline such as those with multiple moderate risk findings especially with **loss of sensation**.
- ² Referral from the family physician is required for consultation and treatment from a medical specialist; ie endocrinologist, internist, etc.
- ³ Foot care provider may include podiatrist, foot care nurse, or other foot care provider competent in providing skin and nail care.
- ⁴ Empiric Antimicrobial Therapy for Diabetic Foot Infection.

Note: orthotist and pedorthist are not covered by Medicare, though may be covered by other insurance plans.

Brunswick

Check http://www.gnb.ca/0053/phc/diabetes-e.asp for updates or copies.

10078/01-2015