

**CHSA Local Health Network**  
**Diabetes Foot Assessment Chart (Adult)**  
**(MR Draft V2)**

Affix patient identification label in this box

UR Number: .....  
 Surname: .....  
 Given name: .....  
 Second given name: .....  
 D.O.B: \_\_ / \_\_ / \_\_\_\_ Sex: .....

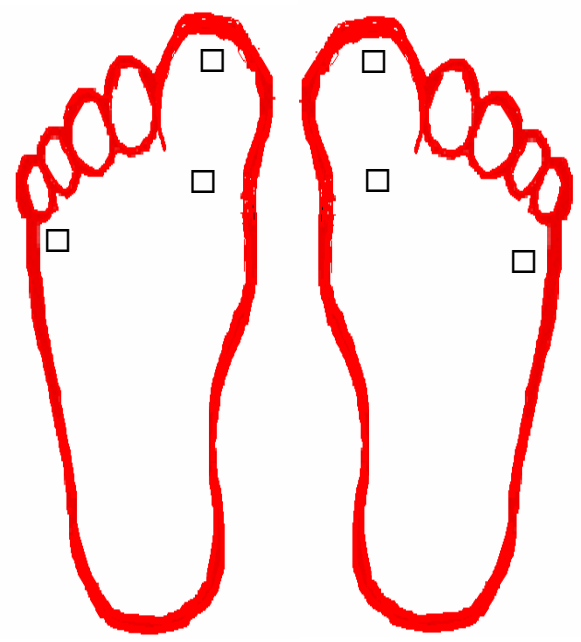
Hospital:.....

Date:

**1. Previous or current foot ulceration, Charcot or amputation?**       **YES = At risk**  
     **NO**

**2. Neurological assessment**

**3. Vascular assessment (pedal pulses)**



**Risk score**  
 6/6: = Low risk  
 5/6 or less: = At risk

Other: \_\_\_\_\_



**Left**  
 PT: absent / present  
 DP: absent / present

**Right**  
 PT: absent / present  
 DP: absent / present

**Risk Score**  
 Both feet all pulses present = Low risk  
 One or more pulses absent = At risk

Other: \_\_\_\_\_

**4. Other Risk Factors**      1 or more risk factors = At risk foot

	Right		Left			Right		Left	
<b>A. Foot deformity</b>					<b>C. Nail condition</b>				
Bony prominence	Y	N	Y	N	Thickened nails	Y	N	Y	N
Prominent metatarsal heads	Y	N	Y	N	Fungal nails	Y	N	Y	N
Hammer or claw toes	Y	N	Y	N	Ingrown nails	Y	N	Y	N
Other: _____					Other: _____				
<b>B. Skin condition</b>					<b>Issues that may trigger further assessment</b>				
Corns or callous	Y	N	Y	N	<input type="checkbox"/> Smoker				
Dry or cracked skin	Y	N	Y	N	<input type="checkbox"/> Visually impaired				
Skin integrity broken	Y	N	Y	N	<input type="checkbox"/> Physical activity				
Tinea (fungal) infection	Y	N	Y	N	<input type="checkbox"/> Issues/problems with self-care (see comments )				
Other: _____					Comment: _____				

<b>Risk Classification</b>
All Monofilament sites felt, all pulses present and no other risk factors = <b>Low risk foot</b>
1 or more monofilament sites missed, 1 or more pulse absent or 1 or more other risk factors = <b>At risk foot</b>
<b>Action required</b>
<b>Current ulceration requires URGENT referral to podiatry services</b> <b>Low Risk Foot</b> Provide Low Risk Foot Care leaflet with individualised comments <input type="checkbox"/> _____ Discuss first aid measures <input type="checkbox"/> _____ Discuss annual foot assessment <input type="checkbox"/> GP Diabetes Cycle of Care (PIP) <input type="checkbox"/> Podiatrist <input type="checkbox"/> Other _____ <b>At Risk Foot</b> Assessment by Podiatry Service and the development of an individualised foot protection program including: <ul style="list-style-type: none"> <li>- Podiatry review</li> <li>- Foot care education</li> <li>- Footwear assessment.</li> </ul>

<b>Referral Reason</b>	<input type="checkbox"/> Assessment Abnormality	<input type="checkbox"/> Urgent	<input type="checkbox"/> Low Risk	<input type="checkbox"/> At Risk
<b>Notes to Podiatrist</b>				
Patient name: _____		Next of kin: _____		
NESB: _____		Interpreter Required: Yes / No		
Contact details: H: _____		M: _____		
Alert/Allergy: _____				
PMHx: <input type="checkbox"/> Insulin requiring diabetes		<input type="checkbox"/> Non - insulin requiring diabetes		Year of Dx: _____
_____				
_____				
_____				
Current Tx: <input type="checkbox"/> Diet / Activity				
<input type="checkbox"/> Oral Agents		<input type="checkbox"/> Insulin / Injectables		
Recent Pathology: Fasting BG : _____ mmol/L Other: _____ mmol/L				
HbA1C: _____ mmol/L _____ %				
Additional Comments:				
_____				
_____				
_____				
_____				
Name: _____ Signature: _____ Date: _____				