

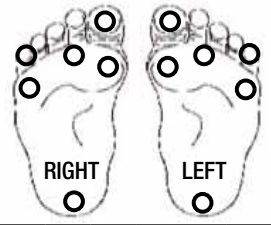
# DIABETES FOOT SCREENING & RISK STRATIFICATION FORM Please fill in blank spaces, tick or circle applicable highlighted areas.

Date		Location		Date of last assessment	
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<b>PATIENT DETAILS</b>	Name			NHI	
	Address			DOB	
				AGE	
	Phone			Ethnicity	
	GP				
	Practice			Phone	

MEDICAL HISTORY					
Type	DM1	DM2	Duration		
Treatment	<input type="checkbox"/> Insulin	<input type="checkbox"/> OHAs	<input type="checkbox"/> Diet		
Latest HbA1c			When		
Random BGL			CVD Risk	%	
Renal	eGFR			Creatinine	
Smoker	yes	no	ABC Provided	yes	no

## DIABETES FOOT SCREENING

<b>NEUROLOGICAL TESTING</b>	<b>10g Monofilament Testing Sites</b>		<b>Loss of protective sensation (LOPS) if &lt; 11 sites detected from both feet</b>			
			/ 12 sites	LOPS	yes	no
			Painful neuropathy <small>(pain, paraesthesia, numbness, burning, sharp)</small>		yes	no
			Specify			
✓ Detected		✗ Not detected				

<b>VASCULAR</b>	<b>RIGHT FOOT</b>		<b>LEFT FOOT</b>			
	Palpable Dorsalis Pedis	yes	no	Palpable Dorsalis Pedis	yes	no
	Palpable Posterior Tibial	yes	no	Palpable Posterior Tibial	yes	no
	Previous Vascular Surgery	yes	no	When?		
	Intermittent Claudication	yes	no	Night or Rest Pain	yes	no
If yes (describe)						

<b>RISK FACTORS</b>	Previous diabetes amputation	yes	no	Previous ulceration	yes	no	
	Significant structural foot deformity	yes	no	End stage renal failure	yes	no	
	Significant callous / pre-ulcerative lesion	yes	no	Maori Ethnicity	yes	no	
	Foot care: patient is capable or has help to self-manage foot care					yes	no
	Others (specify)						

<b>ACTIVE FOOT</b>	Active Ulceration	yes	no	Suspected Charcot Foot (see desc.)	yes	no
	If yes, urgent referral to Multi-disciplinary or Hospital Foot Clinic. Urgent hospital admission for severe or spreading infection or critical limb ischaemia.					

RISK STRATIFICATION	
<b>LOW RISK FOOT</b>	No risk factors present e.g. no loss of protective sensation absent or diminished pulses.
<b>ACTION</b>	Annual screening by a suitable trained nurse or health professional. Agreed self-management plan. Provide written and verbal education with emergency contact numbers. Appropriate access to podiatrist if required.
<b>MODERATE FOOT</b>	One risk factor present e.g. loss of sensation, absent or diminished pulses without callus or deformity.
<b>ACTION</b>	Annual risk assessment by a podiatrist. Agreed and customised management and treatment plan outlined by podiatrist according to patient's needs. Provide written and verbal education with emergency numbers.
<b>HIGH RISK FOOT</b>	Previous amputation or ulceration or two or more risk factors present e.g. loss of sensation, absent or diminished pulses, PAD, foot deformity with significant callous formation, pre-ulcerative lesions, end stage renal failure or Maori ethnicity.
<b>ACTION</b>	Annual assessment by podiatrist. Agreed and customised management and treatment plan by podiatrist according to patient's needs. Provide written and verbal education. Referral for specialist intervention if/when required
<b>ACTIVE FOOT DISEASE</b>	Presence of active ulceration, unexplained hot, red, swollen foot with or without the presence of pain (suspected Charcot foot), severe or spreading infection or critical limb ischaemia.
<b>ACTION</b>	Urgent referral to Multi-disciplinary or Hospital Foot Clinic for active ulceration and suspected Charcot foot. Urgent Hospital admission for severe or spreading infection or critical limb ischaemia. Provide written and verbal education with emergency contact numbers.

<b>ACTION</b>	<b>Risk category</b>	<input checked="" type="checkbox"/> Active Foot Disease		<input type="checkbox"/> High Risk Foot		<input type="checkbox"/> Moderate Risk Foot		<input type="checkbox"/> Low Risk Foot			
	<input type="checkbox"/> Patient informed of risk category	<input type="checkbox"/> Patient instructed on risk management		<input type="checkbox"/> Education pamphlets provided to patient							
	Currently attending:	<input type="checkbox"/> MDT/ Hospital Foot Clinic		<input type="checkbox"/> Community Podiatrist		<input type="checkbox"/> Private Podiatrist		<input type="checkbox"/> Patient self-cares		<input type="checkbox"/> Nil	
	Refer to:	<input type="checkbox"/> Hospital Foot Clinic		<input type="checkbox"/> Community Podiatrist		<input type="checkbox"/> Diabetes Service		<input type="checkbox"/> Vascular Service		<input type="checkbox"/> District Nursing	
	<input type="checkbox"/> Other	Specify									
	Additional comments										
Screened by				Designation				Clinic			