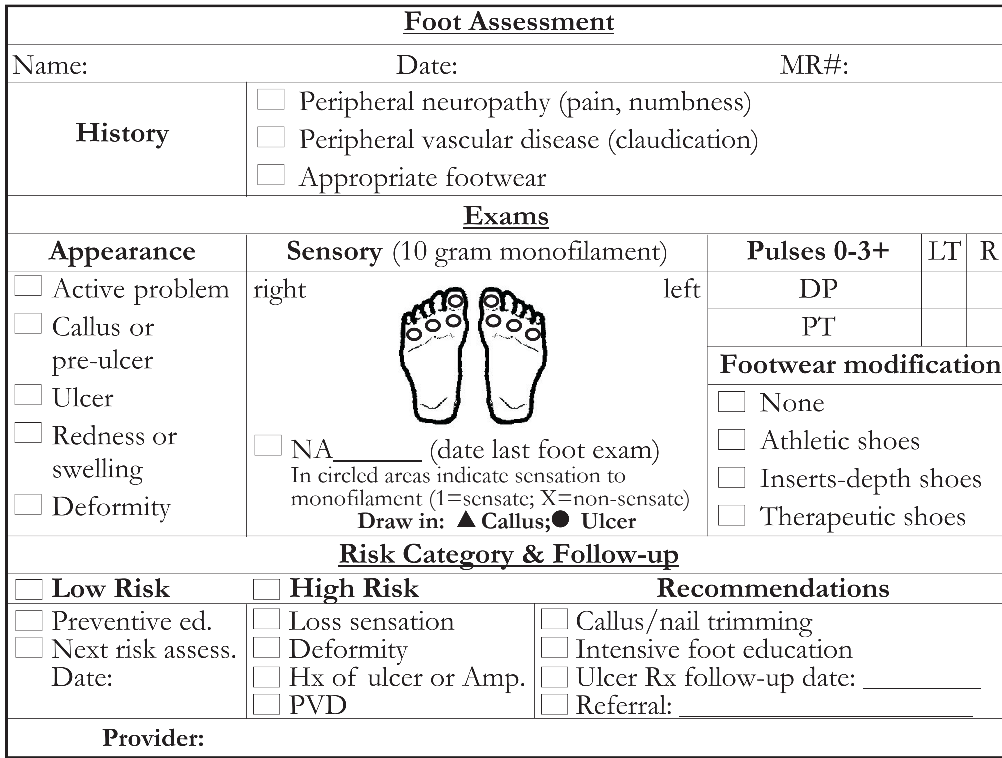
MASTER COPY for producing medical record stickers. Designed for use with Avery Full Sheet labels.



Foot Assessment

Name: Date: MR#:

History
- ☐ Peripheral neuropathy (pain, numbness)
- ☐ Peripheral vascular disease (claudication)
- ☐ Appropriate footwear

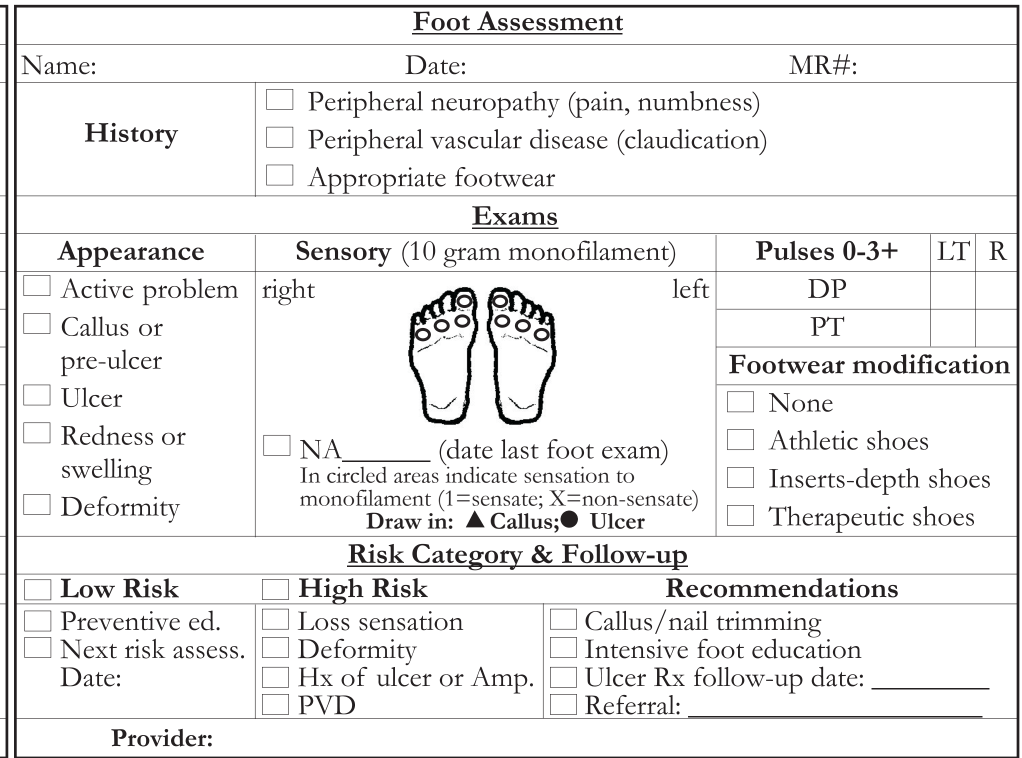
Exams

Appearance	Sensory (10 gram monofilament)	Pulses 0-3+	LT	R
☐ Active problem ☐ Callus or pre-ulcer ☐ Ulcer ☐ Redness or swelling ☐ Deformity	right left ☐ NA______ (date last foot exam) In circled areas indicate sensation to monofilament (1=sensate; X=non-sensate) **Draw in: ▲ Callus; ● Ulcer**	DP		
		PT		
		Footwear modification ☐ None ☐ Athletic shoes ☐ Inserts-depth shoes ☐ Therapeutic shoes		

Risk Category & Follow-up

☐ **Low Risk**	☐ **High Risk**	**Recommendations**
☐ Preventive ed. ☐ Next risk assess. Date:	☐ Loss sensation ☐ Deformity ☐ Hx of ulcer or Amp. ☐ PVD	☐ Callus/nail trimming ☐ Intensive foot education ☐ Ulcer Rx follow-up date: _________ ☐ Referral: ______________________

Provider:



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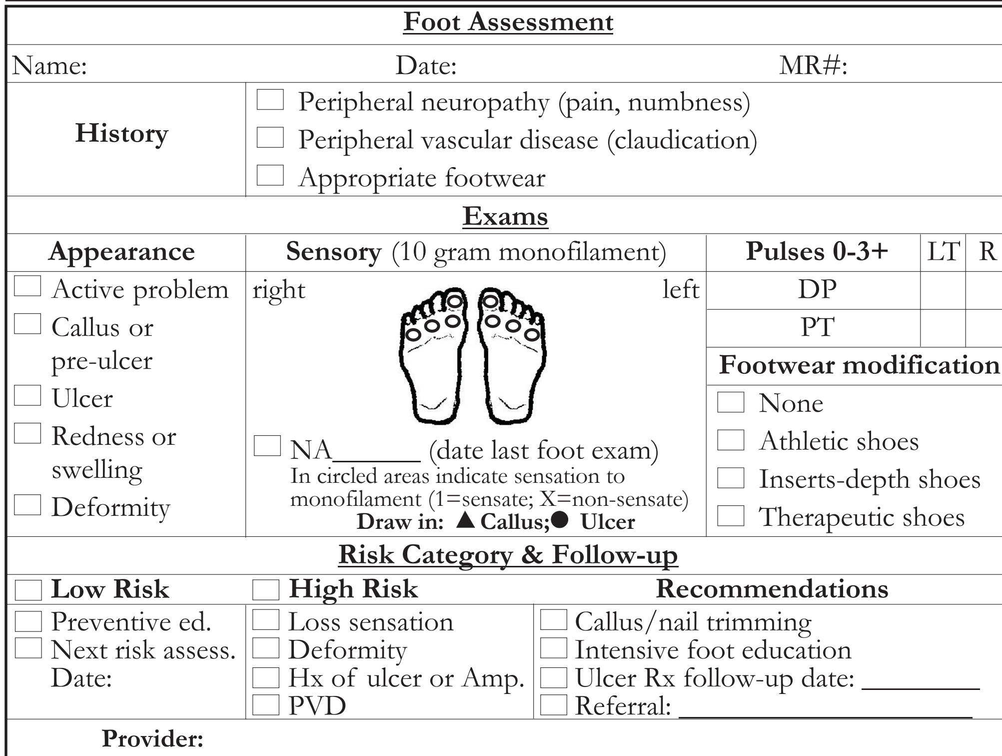

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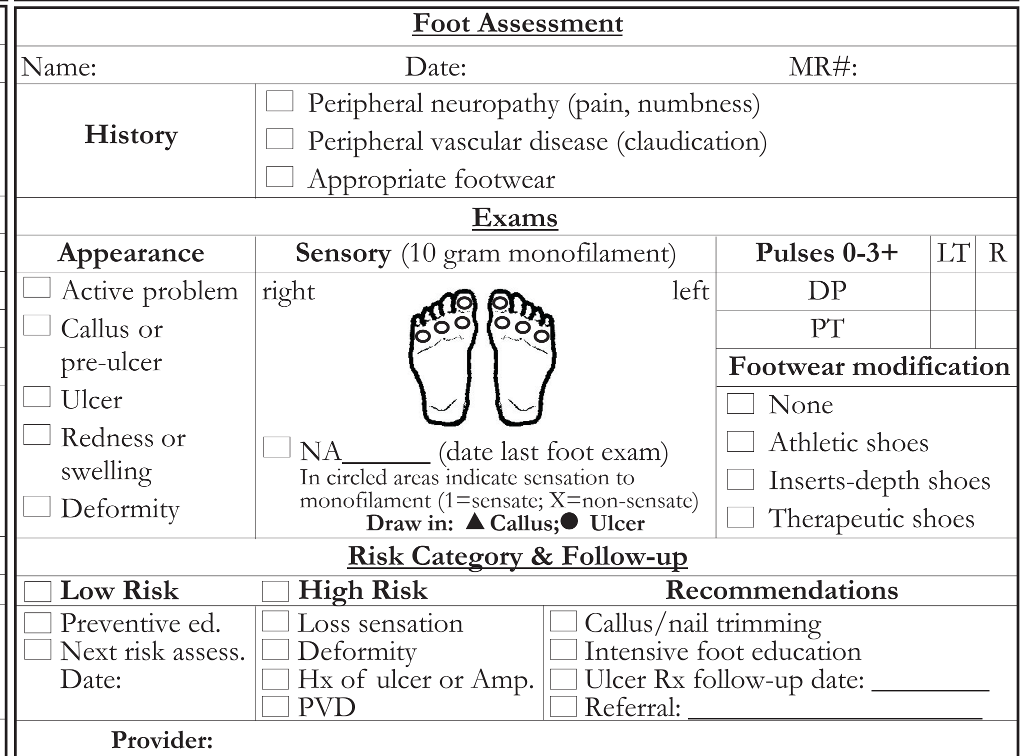

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