Basic Foot Assessment Checklist

1. Ask the patient
   - neuropathic symptoms Y N
   - rest pain Y N
   - intermittent claudication Y N
   - previous foot ulcer Y N
   - amputation Y N

   specify SITE______________________ DATE _____/_____/______

2. Look at both feet
   - infection Y N
   - ulceration Y N
   - calluses or corns Y N
   - skin breaks Y N
   - nail disorders Y N

3. Check foot pulses
   - Dorsalis pedis
     - LEFT Y N
     - RIGHT Y N
   - Posterior tibial
     - LEFT Y N
     - RIGHT Y N

4. Test for neuropathy
   - Monofilament *
     - LEFT Y N
     - RIGHT Y N

   *detected at sites marked

5. Assess footwear
   - style Good Poor
   - condition Good Poor
   - fit Good Poor

6. Assess education need
   - Does the patient understand the effects of diabetes on foot health ? Y N
   - Can the patient identify appropriate foot care practices ? Y N
   - Are the patient's feet adequately cared for ? Y N

7. Assess self care capacity
   - Does the patient have impaired vision ? Y N
   - Can the patient reach own feet for safe self care ? Y N
   - Are there other factors influencing ability to safely care for own feet ? Y N

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All people with diabetes need to have their feet assessed with these 7 simple steps every 6 months or more often if problems are identified.
Action Plan following Basic Foot Assessment

DATE OF REFERRAL _____/_____/____

PATIENT NAME __________________________ SERVICE PROVIDER ______________________________________

Is the foot high risk ? Yes ☐ No ☐ (re-check in 6 months)

If yes, why ? ☐ history of previous foot ulceration or problems
              ☐ peripheral neuropathy
              ☐ peripheral vascular disease
              ☐ foot deformity
              ☐ other ____________________________________________

Action*

Record details of personnel referred to. Where resources are unavailable, indicate and describe alternative care provision

* Ulceration or significant infection
  • referred to multidisciplinary team :

* ‘High risk’ foot
  • referred to podiatrist and/or multidisciplinary team :
  • referred for medical assessment at least every 6 months and foot examination every 3 months :

* Active foot problem
  • referred to podiatrist

* Symptomatic peripheral vascular disease
  • referred to vascular surgeon :
  • involving endocrinologist / physician :

* Symptomatic peripheral neuropathy
  • referred to endocrinologist :

* Foot deformity or abnormality
  • referred to podiatrist :

* Inadequate knowledge or foot care practices
  • referred to :
  • or education provided ☐ Yes

* The patient’s General Practitioner or Local Medical Officer will usually be responsible for coordinating the patient’s care and should be informed of referrals, interventions and progress.