

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

## DIABETIC FOOT ASSESSMENT (DFA)

### Neurological:

Right

Left

Vibration perception	<input type="checkbox"/> Diminished <input type="checkbox"/> Normal	<input type="checkbox"/> Diminished <input type="checkbox"/> Normal
Protective Sensation	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal

### Dermatological:

Right

Left

Dry Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mycotic Nails	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Vascular:

Right

Left

Dorsalis Pedis	<input type="checkbox"/> palpable <input type="checkbox"/> non palpable	<input type="checkbox"/> palpable <input type="checkbox"/> non palpable
Posterior Tibial	<input type="checkbox"/> palpable <input type="checkbox"/> non palpable	<input type="checkbox"/> palpable <input type="checkbox"/> non palpable
Capillary Refill Time	<input type="checkbox"/> <3 sec. <input type="checkbox"/> >3 sec.	<input type="checkbox"/> <3 sec. <input type="checkbox"/> >3 sec.
Edema Present	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Foot Color	<input type="checkbox"/> normal <input type="checkbox"/> bluish <input type="checkbox"/> red	<input type="checkbox"/> normal <input type="checkbox"/> bluish <input type="checkbox"/> red
Hair Growth	<input type="checkbox"/> norm. <input type="checkbox"/> reduced <input type="checkbox"/> absent	<input type="checkbox"/> norm. <input type="checkbox"/> reduced <input type="checkbox"/> absent
Skin Temperature	<input type="checkbox"/> normal <input type="checkbox"/> cool <input type="checkbox"/> hot	<input type="checkbox"/> normal <input type="checkbox"/> cool <input type="checkbox"/> hot

Please notate your findings using the legend

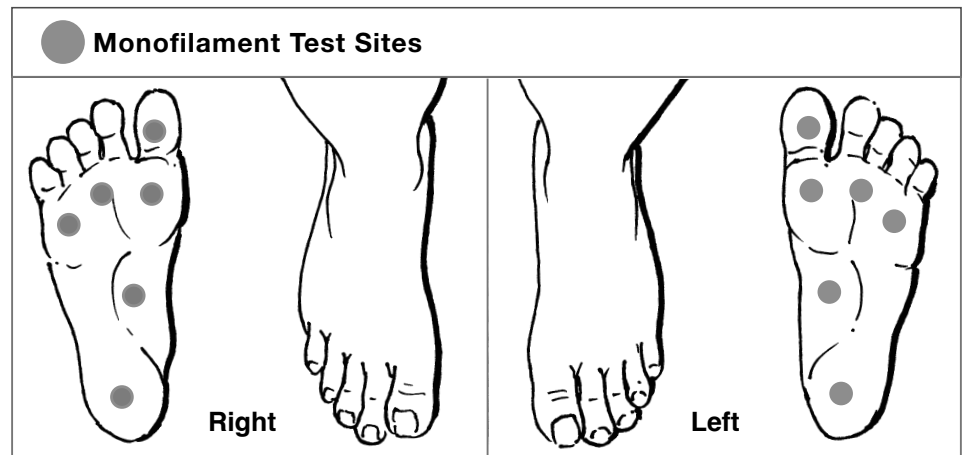
- |                      |                      |
|----------------------|----------------------|
| (MN) Mycotic Nails   | (C) Callus           |
| (B) Bunion           | (S) Swelling         |
| (R) Redness          | (A) Amputation       |
| (HC) Hammer/Claw Toe | (U) Ulcer            |
| (DS) Dry Skin        | (I) Infection        |
| (F) Fissure          | (OD) Other Deformity |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Risk Stratification:

- |                                            |                                                                     |
|--------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> (0) No Neuropathy | <input type="checkbox"/> (2) Neuropathy, PVD and / or deformity     |
| <input type="checkbox"/> (1) Neuropathy    | <input type="checkbox"/> (3) Current / previous ulcer or amputation |

## EDUCATION AND COUNSELING

Completed ✓

General	Explanation of systemic risks of diabetes and importance of proper glucose control	
	Explanation of the dangers of neuropathy	
	Counseling on proper daily self-examination and monitoring of their feet	
Footwear Education	Discussed use of appropriate diabetic footwear and insoles	

Refer to Podiatrist for at risk diabetic foot care	Yes	No
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Examiner Signature:

**X**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_