



East Lancashire Diabetes Network

1st Level Foot Screening Form for Diabetic Patients

Produced by:

Foot and Lower Limb Working Group

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Approved by:

East Lancashire Diabetes Network Clinical Standards Group
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Approved for use in:

Burnley Pendle and Rossendale Primary Care Trust

Blackburn with Darwen Primary Care Trust

Hyndburn and Ribble Valley Primary Care Trust

East Lancashire Hospitals NHS Trust

First Level Diabetic Foot Screening Form

Name:	Address:
GP:	Date of Birth:

Does the patient already attend the Podiatrist?	Yes	/	No
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Inspection	Right				Left			
Deformities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Callus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ulceration	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Amputation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Palpable Pulses								
Dorsalis pedis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tibialis Posterior	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pain in calf muscle when exercising	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Neurological examination



Tick if all sites are present



Tick if all sites are present

Risk Category	0 - no problems identified on examination	<i>(Delete as appropriate)</i>
	1 - refer to Podiatry	<i>(Delete as appropriate)</i>

Any other problems/comments

Management					
Advice leaflet given	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Referral to podiatrist	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
To be recalled for annual assessment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Completed by:	Designation:	Date
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First Level Diabetic Foot Screening Form

Notes to be used when completing the form

PROTOCOLS

Section 1:

Name and address etc as read

Section 2

- If the patient exhibits any of the following signs/symptoms, they should be referred according to the diabetic foot care pathway.
- Deformities: this is where there is any bony deformity of the foot present, e.g. hammer toes, hallux valgus (bunion), pes cavus (high arch foot). See training guide.
- Callus: this is any area of hard skin on any area of the foot.
- Ulceration: this is a break in the integrity of the skin with loss of tissue.
- Amputation: this can be at any level e.g. toe, foot, and is not necessarily due to diabetes.
- Pulses: non-exercise pulses
- These are the foot pulses which can be felt by hand, however if the foot is oedematous they may not be felt.
- Ask the patient whether they experience pain of the calf muscles during exercise, if they do, how far they have walked before they have to stop due to the pain.
- Neuropathy: use a 10 gram monofilament on all the sites marked (apex all toes, 1,3 and 5 met heads, medial and lateral arch and heel) Avoid all areas of callus as sensitivity is reduced. Refer to training guide for use of monofilament.
- Risk Categories: 0 is no problems
 - 1 refer to podiatrist

Any Other Problems: this is for anything that you or your patient has concern over e.g. problems with nails oedema.

Advice: this will need explaining. A contact telephone to be given for the local podiatry clinic.

