

PRIMARY CARE / DISTRICT NURSING – DIABETIC FOOT ASSESSMENT FORM

Please fill in blank spaces or circle applicable highlighted areas.


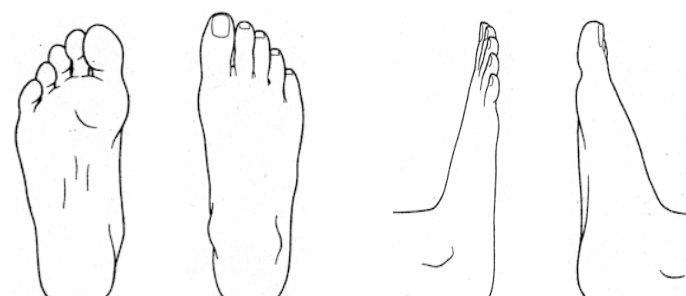
Date of Assessment	Location	Date of Original Assessment
Patient Consent to Treatment	yes no	ACC
yes no	Additional Comments	

PATIENT DETAILS	Name	NHI	Sex	male female
	Address	DOB	Age	
		Phone	Mobile	
	GP	Ethnicity		

Factors that may Delay Healing	infection	dermatological conditions	anaemia	obesity	vascular disease	pulmonary / cardiac
	immunosuppressed	malnutrition	diabetes	HbA1c > 8% continuously	smoker	mental health
	Other					

VASCULAR & PROCEDURES	Intermittent Claudication	yes no	Site(s)	Comment	
	Rest Pain	yes no	continuous intermittent	When Site(s)	
	Pulses	Left	DP	+++ ++ + dop 0	Right DP +++ ++ + dop 0
		Left	PT	+++ ++ + dop 0	Right PT +++ ++ + dop 0
	Doppler	Left	DP	triphasic biphasic monophasic absent	Right DP triphasic biphasic monophasic absent
		Left	PT	triphasic biphasic monophasic absent	Right PT triphasic biphasic monophasic absent
	ABI's	Left	DP	A B I	Right DP A B I
		Left	PT	A B I	Right PT A B I
TBI	Left	1st Toe	T B I	Right 1st Toe T B I	

NEURO	Proprioception	Left	yes no	Right	yes no	Neurological Pain	Left	yes no	Right	yes no
	Monofilament	Left	1st apex	3rd apex	5th apex	1st mpj	3rd mpj	5th mpj	heel	
		Right	1st apex	3rd apex	5th apex	1st mpj	3rd mpj	5th mpj	heel	

WOUND LOCATION	LEFT FOOT (indicate on foot - wound position and number)	RIGHT FOOT (indicate on foot - wound position and number)		
				
	Wound Trace	yes no	Photo	yes no

WOUND	Wound Number	Location	Length	mm	Width	mm	Area				
	Type & Cause	neuropathic	neuro / vasc	traumatic	burn / scald	surgical	ACC	dermatological			
	Duration	< 1 - 2 weeks		2 - 4 weeks		1 - 3 months		3 - 12 months		1 - 2 years	
	Tissue Type %	Necrotic	%	Sloughy	%	Granulating	%	Epithelialising	%		
	Wound Moisture	dry	moist	wet	saturated	Signs of Infection		cellulitis	abscess / pus	increased pain	increased exudate
	Pain Frequency	Time of Day	Pain Index		continuous	intermittent	at dressing time	post dressing	none		
	Surrounding Skin	oedema	blistering	maceration	erythema	cellulitis	eczema	dry / scaly	fragile	healthy	
	Treatment Objectives	protection (granulation)		debridement		manage bacteria		rehydrate		manage exudate	
		protect margin	manage wound pain	minimise odour	Patient's Objective						

Primary Dressing	debride	donate moisture	absorb moisture	reduce bacteria	Product Used
Secondary Dressing	protect new skin	absorb moisture	fixate	Product Used	

OFFLOADING	footwear	insoles / modification	padding	crutches / wheelchair	dynamic / alternating surface	heel lift suspension boot	TCC
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REFERRALS	diabetes nurse	wound specialist	surgeon	social worker	orthotics
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Name		Signature	
Clinic		Phone	