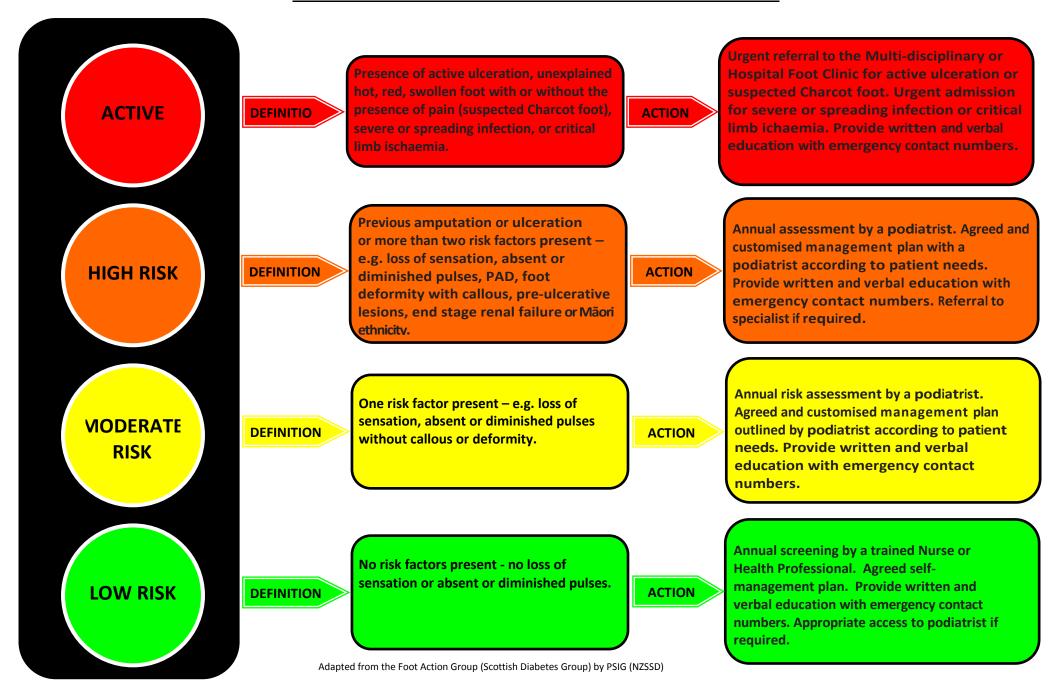
	DIABETES FOOT SCREENING & RISK STRATIFICATION FORM			
		Please fill in blank spaces, tick or circ	1, 3 3	
	Date Location		Date of last screening	
PATIENT DETAILS	Name	NHI	MEDICAL HISTORY	
	Address	DOB	Type DM1 DM2 Duration	
		AGE	Treatment insulin OHAs diet	
	Phone	Ethnicity	Latest HbA1c When	
	GP		Random BGL CVD Risk %	
Ъ,	Practice	Phone	Renal eGFR Creatinine	
			Smoker yes no ABC Provided yes no	
	DIABETES FOO	T SCREENING	RISK STRATIFICATION	
NEUROLOGICAL TESTING	10g Monofilament Testing Sites	Loss of protective sensation (Lo < 11 sites detected from both		
	90000	/ 12 sites LOPS y	ACTION ACTION	
	0/1/0	Painful neuropathy (pain, paraesthe	Annual screening by a suitable trained nurse or health	
	RIGHT) (LEFT /	numbness, burning, sharp) y	and verbal education with emergency contact numbers. Appropriate access to podiatrist if required.	
		Specify	MODERATE FOOT	
	✓ Detected 🗴 Not detected		One risk factor present e.g. loss of sensation, absent or diminished pulses without callus or deformity.	
VASCULAR	RIGHT FOOT	LEFT FOOT	ACTION Annual risk assessment by a podiatrist. Agreed and	
	Palpable Dorsalis Pedis yes no	Palpable Dorsalis Pedis y	es no customised management and treatment plan outlined by	
	Palpable Posterior Tibial yes no	Palpable Posterior Tibial y	podiatrist according to patient's needs. Provide written and verbal education with emergency numbers.	
	Previous Vascular Surgery yes	no When?	HIGH RISK FOOT	
	Intermittent Claudication yes	no Night or Rest Pain y	es no Previous amputation or ulceration or more than two risk factors present e.g. loss of sensation, absent or diminished	
	If yes (describe)		pulses, PAD, foot deformity with significant callous formation, pre-ulcerative lesions, end stage renal failure or Māori	
		ethnicity.		
RISK FACTORS	Previous diabetes amputation y	es no Previous ulceration y	es no ACTION Annual assessment by podiatrist. Agreed and customised	
	Significant structural foot deformity yes no End stage renal failure yes no			
	Significant callous / pre-ulcerative lesion yes no Māori Ethnicity yes no		es no Referral for specialist intervention if/when required	
	Foot care: patient is capable or has help to self-manage foot care yes no		ACTIVE LOCI DISEASE	
	Others (specify) Presence of active ulceration, unexplained hot, red, swoller foot with or without the presence of pain (suspected Charco			
	foot), severe or spreading infection or critical limb ischaemia. Active Illiceration			
ACTIVE FOOT	Urgent referral to Multi-disciplinary or Hospital Foot Clinic for			
	admission for severe or spreading infection or critical limb			
	Urgent hospital admission for severe or spreading infection or critical limb ischaemia. Provide written and verbal education with emergency contact numbers.			
	Risk category Active Foot Dis	<u> </u>	☐ Moderate Risk Foot ☐ Low Risk Foot	
	Patient informed of risk category Patient instructed on risk management Education pamphlets provided to patient			
	Currently attending: MDT/ Hospital Foot Clinic Community Podiatrist Private Podiatrist Patient self-cares Nil			
ACTION	Refer to: Hospital Foot Clinic Community Podiatrist Diabetes Service Vascular Service District Nursing			
	Other Specify Additional comments			
	Additional confinents			
	Screened by	Designation	Clinic	
	Screened by	Designation	Citric	

DIABETES FOOT SCREENING AND RISK STRATIFICATION



REFERRAL PATHWAY FOR DIABETES FOOT SCREENING AND ASSESSMENT Low Risk Moderate **High Risk Active** Risk One risk factor present • Previous amputation • Active foot ulcer **Definition** Protective sensation intact (10g pressure) Loss of protective • Previous ulceration • Spreading infection • One or more pulse sensation Or two or more of the following: Critical Limb Ischaemia present in each foot Absent or diminished • Loss of protective sensation • Gangrene pulses • Absent or diminished pulses • Hot swollen foot with/or Foot deformity with callous PAD without pain-possible active • Pre-ulcerative lesion Charcot Charcot deformity • Foot deformity with callous • End stage renal failure Māori ethnicity Urgent referral Multidisciplinary or Hospital Foot Optimise diabetes control Clinic Written and verbal foot health education as appropriate • Emergency admission if rapidly Agreed and tailored management/treatment plan according to patient needs deteriorating or systemically unwell Action • Urgent referral to vascular with acuteischaemia Annual foot screening Annual risk assessment by • Specialist intervention when Agreed and tailored by health professional podiatrist appropriate management plan according to • Review of footwear with • Encourage self- Encourage selfpatient needs management referral to orthotist if management Provide writtenand verbal Footwear assessment Footwear assessment appropriate education with emergency Refer only for problems Refer to podiatry as Refer to podiatry for requiring podiatry input appropriate assessment and management Referral **Refer to Multi-Admit to** disciplinary or Hospital **Refer to Private Refer to Community Podiatry Hospital Foot Clinic Podiatry**

REFERRAL PATHWAY FOR ACTIVE DIABETIC FOOT DISEASE

