

DIABETIC FOOT COMPLICATIONS CHECKLIST

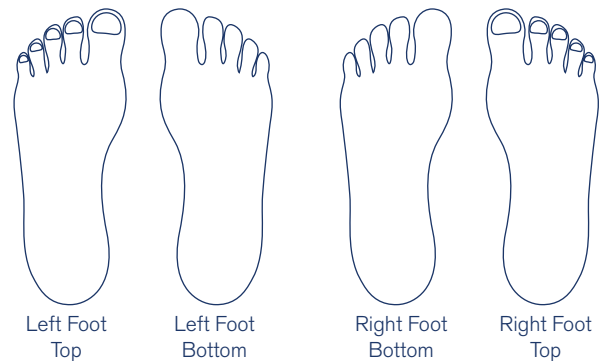
NAME: _____

STEP 1: RISK FACTORS CHECK LIST | Put tick box of any risk factors that might apply to your customer

- | | |
|--|--|
| <input type="checkbox"/> Narrowed blood vessels (<i>Peripheral vascular</i>) | <input type="checkbox"/> History of prior ulcers or amputation |
| <input type="checkbox"/> Foot deformity | <input type="checkbox"/> Loss of protective sensation (<i>Peripheral neuropathy</i>) |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Duration of diabetes > 10 years |
| <input type="checkbox"/> > 50 years old | <input type="checkbox"/> Smoke |
| | <input type="checkbox"/> _____ |

STEP 2: FOOT ASSESSMENT | Check both feet

- Foot deformity (*ie. hammer toes & bunion*)
- Corns or Calluses
- Foot Infections _____
- Foot sensation _____
- Skin conditions _____
- Nail disorders _____



STEP 3: FOOTWEAR ASSESSMENT | Requirements for footwear for people with diabetes

- | | |
|---|---|
| <input type="checkbox"/> Adjustable Closure | <input type="checkbox"/> Firm heel counter |
| <input type="checkbox"/> Protected toe box | <input type="checkbox"/> Smooth inner lining |
| <input type="checkbox"/> Extra depth in toe box | <input type="checkbox"/> Breathable Materials |
| <input type="checkbox"/> Cushioned insoles | <input type="checkbox"/> _____ |

STEP 4: PHARMACIST CHECK LIST | Check list of discussion topics

- | | |
|--|--|
| <input type="checkbox"/> Explain diabetes foot complications | <input type="checkbox"/> Provide/ reinforced Daily Foot Care Checklist |
| <input type="checkbox"/> Important of wearing appropriate footwear | <input type="checkbox"/> _____ |

STEP 5: ACTION PLAN | MANGEMENT PLAN

- Recommendations _____
- Keep this information for your record and can share this with your doctor
- Please speak to your podiatrist/ doctor about the results
- Please come back for next assessment on ___ / ___ / _____
- _____