OWCN COMPREHENSIVE FOOT EXAMINATION

FIRST NAME:_____ **LAST NAME:**_____ **DOB:**____/_____/_____

MEDICAL HISTORY:

DIABETES MELLITUS T-II	
VENOUS INSUFFICIENCY	
PERIPHERAL ARTERY DISEASE	
DIABETIC FOOT ULCERS	
TINEA PEDIS	
FRACTURES / TRAUMA	
SWELLING OF THE FEET	
GOUT	
ARTHRITIS	
DEGENERATIVE JOINT DISEASE	
NEUROPATHY	
HYPERLIPIDEMIA	

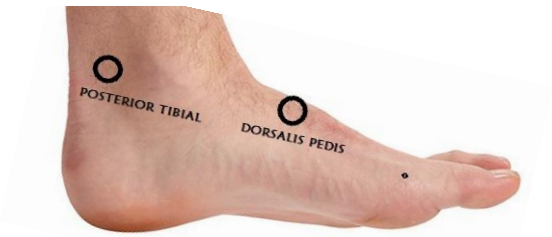
OTHER: _____

_____

FOOT ASSESSMENT:

RIGHT FOOT	PROBLEM	LEFT FOOT
	ONCHOMYCOSIS	
	CALLOUSED SKIN	
	BUNION	
	DRY SKIN	
	CHARCOT FOOT	
	AMPUTATION	
	HAMMER TOES	
	PES PLANUS	
	PES CAVUS	
	CLUB FOOT	
	SKIN ULCER	
	DROP FOOT	
	EDEMA	
	PAIN (1-10)	

VASCULAR ASSESSMENT:

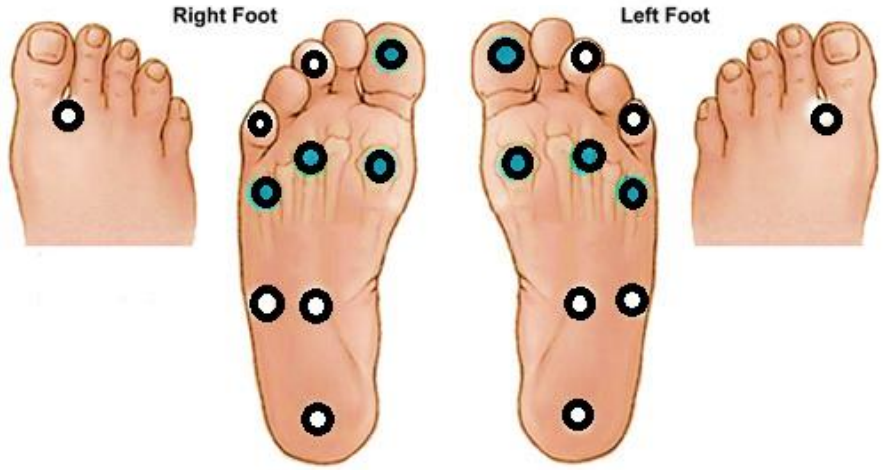


R FOOT	PULSES	L FOOT
	DP	
	PT	

0 NOT PALPABLE **1** BARELY PALPABLE **2** PALPABLE

SENSORY TESTING:

MARK **(X)** WHERE UNABLE TO FEEL



RIGHT FOOT	TOTAL SCORE	LEFT FOOT
/ 10	UNABLE TO FEEL	/ 10

SELF CARE ASSESSMENT

	YES / NO
Is patient ambulatory?	
Is patient Wheelchair bound?	
Is patient able to see clearly?	
Is patient able to reach his feet?	

RISK ASSESSMENT:

LOW RISK
(1) PULSE PALPABLE PER FOOT
NO SENSORY LOSS | ABLE TO FEEL FILAMENT
NO FOOT DEFORMITY
NO PHYSICAL OR VISUAL IMPAIRMENT
NO HISTORY OF FOOT ULCERS

MODERATE RISK
ABSENT PULSES ON (1) FOOT
SENSORY LOSS |INSENSATE FOOT
(+) FOOT DEFORMITY PRESENT
PHYSICAL DISABILITY & POOR VISION
NO HISTORY OF FOOT ULCERS

HIGH RISK
ABSENT PULSES
UNABLE TO FEEL 10g MONOFILAMENT
CALLOUSED SKIN
FOOT DEFORMITY
HISTORY OF FOOT ULCER OR AMPUTATION

ASSESSMENT COMPLETED BY: _____

DATE: ____/_____/_____