



**Diabetes Center of Excellence (DCOE) – Annual Comprehensive Foot Exam**  
CPT Code: G0245 (initial w/ LOPS) // G0246 (f/u w/ LOPS) // G9226 (exam performed)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**HRF = High Risk Foot (visual exam every visit)**  
**LOPS = Loss of Protective Sensation**

Revised 08/07/2015

**I. History**

- History of amputation? N / **Y -> HRF**  
(Specify date, side, and level)  
\_\_\_\_\_
- History of foot ulcers? N / **Y -> HRF**
- Current smoker? N / **Y -> Smoking Cessation**  
Prior Smoker? N / Y -> Pk yr smoking history \_\_\_\_\_  
Any history of CAD? N / Y  
Previously/currently followed by Vascular Surgery? N / Y  
What procedure and when \_\_\_\_\_  
  
Experiences pain in the calf muscles when walking that is relieved by rest? N / **Y -> Consider ABI if not done**  
(Also consider ABI if: >50 y/o, +PAD, +PAD risk factors)
- Burning or tingling pain in feet (especially at night) N / **Y -> Tx symptoms or consult neurology**  
Numbness or loss of sensation N / Y
- Followed by Podiatry? N / Y  
Does patient wear constricting unfitted socks? N / **Y**  
Any blood or discharge on socks/hose? N / **Y**  
**Provide Foot Education**
- Pt able to see bottom of feet? N / Y  
Patient checks feet daily? N / **Y -> Education**  
Patient trims toenails? N / **Y -> Education**

**II. Shoe Assessment**

- Patient wearing appropriate shoes? Y / **N -> Education**
- Condition of their shoes? New or worn  
Any holes? **Y / N**
- Patient uses inserts? Y / N
- Does shoe distort the form of the foot? **Y / N**  
**Rec: Diabetic Shoes**

**IV. Assessment/Plan**

- Request ABI:  Yes
- Risk Category:  
 Low risk (annual foot examination)  
 High Risk (visual foot assessment with each visit)
  - Education provided:  
 Diabetes foot education  
 Smoking cessation
  - Referrals:  
 Podiatry  Orthopedics  
 Neurology  IM procedure clinic  
 Dermatology  
 Vascular Surgery
  - Other treatment provided for above listed abnormality:  
\_\_\_\_\_  
\_\_\_\_\_

**III. Exam (use diagram below)**

- Dermatologic:**  
Presence of dryness, fissures, cracks? N / **Y -->**  
Skin thin, fragile, shiny, hairless? N / **Y**  
Nails are thick, too long, or infected with fungal disease? N / **Y** **→**  
Nails are ingrown? N / **Y** **→**  
Temperature difference? N / Y  
Hot / Warm / Cold / Moist / Clammy  
Any lower leg or foot discoloration noted? N / Y  
Skin break down? N / **Y -> ULCER assessment**

<input type="radio"/> <b>Grade 1</b> -Superficial thickness -Not penetrating deeper than dermis	<input type="radio"/> <b>Grade 2</b> -Deep ulcer (below dermis) -Subcutaneous structures	<input type="radio"/> <b>Grade 3</b> -All layers involved -Includes bone and joint
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- Musculoskeletal:**  
Hammer toe N / **Y -> HRF**  
Claw toes N / **Y -> HRF**  
Bunions (Hallus Valgus)? N / **Y -> ? HRF**  
Charcot Foot? N / **Y -> HRF**  
Prominent Metatarsal Heads? N / **Y -> HRF**  
Foot drop? N / **Y -> HRF**

- Vascular:**  
Pedal pulses:  
Posterior tibial Left \_\_\_\_\_ Right \_\_\_\_\_  
Dorsalis pedis Left \_\_\_\_\_ Right \_\_\_\_\_  
If absent, check blanching time for return of color (normal < 5sec) Left \_\_\_\_\_ Right \_\_\_\_\_  
**(if negative → ABI if not done previously)**

- Neurologic:** (monofilament plus one additional test)  
Ankle reflex (Achilles tendon) Left \_\_\_\_\_ Right \_\_\_\_\_  
Vibratory sensation (plantar hallux) Left \_\_\_\_\_ Right \_\_\_\_\_  
Pinprick sensation (dorsal hallux) Left \_\_\_\_\_ Right \_\_\_\_\_  
Sensory exam: *Label diagram below with "+" if patient can feel 10gm monofilament and "-" if there is no sensation.*

**Rec: moisturizing cream**  
**Consult Dermatology PRN**

**Consider debride/reduce**  
**Consult Podiatry PRN**

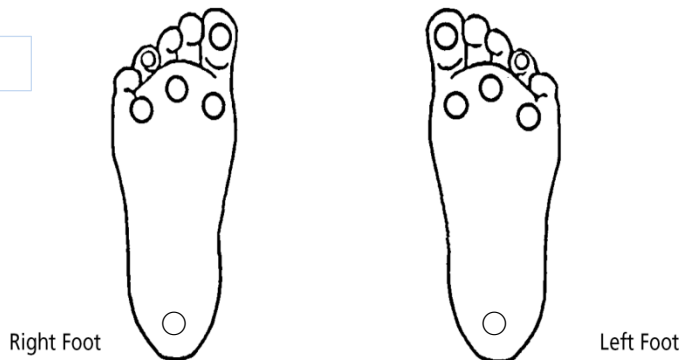
**Matrixectomy**  
**Refer to IM procedure clinic or Podiatry PRN**

**Rec: Diabetic Shoes**  
**Consider Orthopedics consult**  
**along with weight bearing X-rays**

**Consider Neurology consult**

**128-HZ tuning fork**  
≤4 sec = high risk  
5-10 sec = intermediate risk  
≥10 se = low risk

**Key:**  
**C** = Callus  
**U** = Ulcer  
**PU** = Pre-Ulcer  
**F** = Fissure  
**M** = Maceration  
**R** = Redness  
**S** = Swelling  
**W** = Warmth  
**D** = Dryness



Examiner's Signature: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_



## Diabetes Center of Excellence (DCOE) – HRF Visual Foot Inspection

Pt Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Off-load (relieve pressure)**  
 -Same as non-weight bearing  
 -crutches, walker, modified shoes/insoles, total contact cast

**HRF = High Risk**

Exam Date: \_\_\_\_\_

**I. History**

1. Any new foot issues since last exam N / Y  
 \_\_\_\_\_ (Specify issue)

**II. Shoe/Sock Assessment**

1. Examine shoes – torn lining, foreign objects, abnormal wear N / Y -> **Education**
2. Inspect socks/hose – Blood or other discharge? N / Y -> **Education**

Examiner's Signature: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

**III. Exam**

1. Acute plantar swelling or deformity N / Y  
 If no skin breakdown – High prob **CHARCOT ARTHROPATHY**  
 Recommend: Complete **off-loading** of extremity
2. Acute redness or increased temperature N / Y  
 Assess for **infection** (fever, WBC, drainage) If infection: in-pt vs out-pt tx
3. Callus with deeper color change (no skin break down) N / Y  
 Off-load as needed / Debride callus / Consider orthopedic consult
4. Skin break down? N / Y -> **ULCER assessment**

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**Diabetes Center of Excellence (DCOE) – ABI Form**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Ankle Brachial Index Results:**

**ABI Interpretation:**

>1.30 non-compressible  
0.91-1.30 normal  
0.41-0.90 mild/moderate PAD  
<0.41 severe PAD  
NEJM 344:21 1608-21

**I. Interpretation**

Normal

Abnormal: Consult vascular surgery

Exam Date: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

**II. Tracings**