

DIABETES / NEUROVASCULAR ASSESSMENT

Name _____ Date of Birth _____ Today's date _____

Type of diabetes: IDDM / NIDDM / GDM Diabetes Diagnosed Date _____

Occupation _____ Exercise _____ Smoker YES / NO

Health _____

VASCULAR ASSESSMENT

- Pulses 0 = absent m – monophasic waveform (sound only)
- + = weak b – biphasic waveform (sound only)
- ++ = normal t – triphasic waveform (sound only)
- +++ = bounding

Date _____

	L	R	L	R	L	R	L	R	L	R	L	R
DP												
PT												
PP												
IC												

Intermittent Claudication (Calf/Buttocks)
Night Cramps / Rest Pain (feet, i.e. hang feet over the edge of the bed)

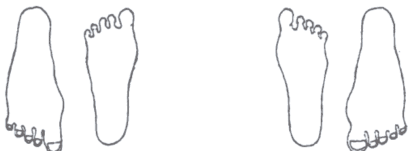
SPVPFT apex of hallux (norm = 3secs) L _____secs R _____secs	Previous vascular surgical intervention
Ischaemic changes	Anti-coagulant medication

NEUROLOGICAL ASSESSMENT

- Sensitivity to 5.07 (10gram) Semmes-Weinstein monofilament
- Tuning Fork – Vibration test
- Proprioception response hallux

X indicates insensate area
o indicates insensate area

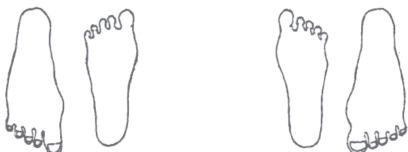
Date _____ Symptoms _____



Date _____ Symptoms _____



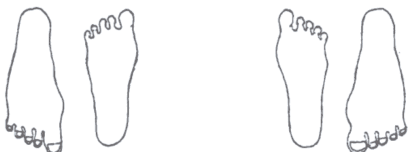
Date _____ Symptoms _____



Date _____ Symptoms _____



Date _____ Symptoms _____



Date _____ Symptoms _____



TEMPERATURE ASSESSMENT < 2 degrees is WNL

Date:			Date:			Date:			Date:			Date:		
L	R	Difference	L	R	Difference	L	R	Difference	L	R	Difference	L	R	Difference

STRUCTURAL

- Structural deformity: prominent IPJs / prominent MPJs / bunion deformity / rocker bottom foot / other _____
 - Hyperkeratosis: where / degree _____
 - Nail deformity: ingrown / thickness / mycosis _____
-

SELF CARE

Visual Acuity: Good / Impaired

Ability to reach feet: Yes / No

Social support _____

Current foot care performed by _____

General condition of feet _____

Footwear _____

Knowledge _____

ULCERATION

Past Ulceration / Amputation _____

CONCLUSION

VASCULAR

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NEUROLOGICAL

<input type="radio"/>
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STRUCTURAL

<input type="radio"/>
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ULCERATION

<input type="radio"/>
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SELF CARE

<input type="radio"/>
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RISK

DANGER
CAUTION
HEALTHY

INTERVENTION / RECOMMENDATIONS

Vascular _____

Neurological _____

Structural _____

Ulceration _____

Self Care _____

Other _____

DATE OF NEXT ASSESSMENT:
