Central Kansas Podiatry Associates

Patient Name:	Date:	Record #:

PERIODIC COMPREHENSIVE DIABETIC FOOT EVALUATION (CDFE)

(For Physician Use)

Patient seen at Central Kansas Podiatry Assoc. for a comprehensive diabetic foot education (CDFE).

Patient was last seen for foot care: / / Last CDFE was: / /

Interim complaints:

Name of MD/DO treating diabetes:

Date last seen: Last FBS: HbA1C:

Past Medical/Surgical History:

Current medications:

Drug Allergies:

Notes:

Review of Systems:

Ortho:	(-)	Joint aches/pain	(-)	Deformities	(-)	Stiffness	(-)	Weakness							
Dermatitis:	(-)	Skin Rash	(-)	Pruritus	(-)	Nail changes	(-)	Scaling	(-)	Dryness					
Neuro:	(-)	Numbness	(-)	Tingling	(-)	Paresthesia	(-)	Dysesthesia	(-)	Hypesthesia					
Vascular:	(-)	Claudication	(-)	Night cramps	(-)	Edema	(-)	Temp.changes	(-)	Hair growth	(-)	Rubor	(-)	Thinning of skin	
Endocrine	(-)	Polyuria	(-)	Polydipsia	(-)	Polyphagia									

Physical Exam:

Orthopedic	LEFT	RIGHT
Digital Deformities (including hallux valgus)	(--) Hammertoes 1 2 3 4 5 (--) Bunions	(--) Hammertoes 1 2 3 4 5 (--) Bunions
Equinus	(--) present	(--) present
Plantarflexed metatarsal	1 2 3 4 5	1 2 3 4 5
Previous amputations		
Other:		

Dermatological	LEFT	RIGHT
Tinea pedis	(--) present (--) scaly (--) red	(--) present (--) scaly (--) red
Xerosis	(--) present	(--) present
Skin Fissures	(--) present (--) Ulceration (--) Infection	(--) present (--) Ulceration (--) Infection
Onychomycosis	1 2 3 4 5 1-5 L	1 2 3 4 5 1-5 R
Onychocryptosis	1 2 3 4 5 1-5 L	1 2 3 4 5 1-5 R
Interdigital spaces	(--) maceration (--) debris (--) 1 2 3 4	(--) maceration (--) debris (--) 1 2 3 4
Other:		
Neurological		
Vibration perception test		
Loss of protective sensation-SWMF 5.07	*/5*	*/5*
Soft Touch	*Intact Diminished Absent*	*Intact Diminished Absent*
Sharp/dull	*Intact Diminished Absent*	*Intact Diminished Absent*
Vascular		
Dorsalis Pedis	0 1 2 3 4 / 4	0 1 2 3 4 / 4
Posterior Tibial	0 1 2 3 4 / 4	0 1 2 3 4 / 4
Capillary Refill Time	1 2 3 4 5	1 2 3 4 5
Edema	0 1 2 3 4	0 1 2 3 4
Hair growth	(--) present (--) diminished (--) absent	(--) present (--) diminished (--) absent
Varicosities	(--) present (--) bronze (--) torturous	(--) present (--) bronze (--) torturous
Footwear		
Type of shoe	tie/velcro slip-on sandal	tie/velcro slip-on sandal
Fit	tight loose good	tight loose good
Shoe condition and wear patterns	(--) heel (--) forefoot	(--) heel (--) forefoot
Foreign bodies in shoes	(--) present	(--) present
Innersoles, orthotics		
Other:		

☐ (0) N Neuropathy - Annual	☐ (1) Neuropathy – Semi-Annual	☐ (2) Neuropathy, PVD and/or deformity - Quarterly	☐ (3) Previous Ulcer or amputation – monthly to every 2 months

Education and Counseling provided:		Yes	No
General	Explanation of systemic Risks of diabetes and importance of proper glucose control		
	Explanation of dangers of neuropathy and loss of “the gift of pain”		
	Counseling on risk stratification and exam frequency		
Diabetic Foot Education	Explanation of high pressure areas, risks and offloading solutions		
	Review proper foot care instructions		
Medications	Review of current medications		
Other			

Prescriptions Ordered: _____

_____

Referred to: _____

(physician’s name)

Reason: _____

_____

Patient Visit Time in: _____ Time Out: _____

Other: _____

_____

Next Exam: _____

Diagnostic Studies: _____

_____

Signature: _____

Print Name: _____

Supervising Physician Acknowledgement: Above are the Findings for the above-referenced patient. Please acknowledge your agreement with these findings and sign below. Please mail or fax this back to us with the attached Supervising Physician’s Statement and keep a copy of both forms in the patient’s chart. **After signed please fax to 316-264-5516. Thank You!**

Signature: _____

Print Name: _____

Date: _____