

Patients name

Chart number

MA

**Pneumonia Y/N Fall last year Y/N more than 2 Y/N Injuries Y/N Drink Y/N  
Flu Y/N Smoker Y/N/F HBP Y/N DM Y/N A1c\_\_\_\_\_ Married Y/W/S/D**

**Est or New Patient Vitals: BP\_\_\_\_\_ / \_\_\_\_\_ P\_\_\_\_\_ Ht\_\_\_\_\_ ' / \_\_\_\_\_ " Wt\_\_\_\_\_ T\_\_\_\_\_ SS\_\_\_\_\_**

**Medical Allergies: \_\_\_\_\_ Pharm \_\_\_\_\_**

**New medications: \_\_\_\_\_**

**Chief Complaint: \_\_\_\_\_**

**N: Nature of the problem \_\_\_\_\_**

**L: Location of the pain or problem \_\_\_\_\_**

**D: Duration of the pain or problem \_\_\_\_\_**

**O: Onset of the pain or problem \_\_\_\_\_**

**C: Characteristic of the pain or problem pain 1out of 10 \_\_\_\_\_**

**A: Things that Aggravate the pain or problem \_\_\_\_\_**

**T: Treatments the patient has tried at home or with another provider: *Have you taken any Nsaids/ Antibiotic/pain  
meds* \_\_\_\_\_**

**X-rays: R L B/L Views: 2 or 3 of Foot Ankle Toes Scanned for Orthos: \_\_\_\_\_**

**Ultrasound: R L B/L VPT: \_\_\_\_\_ ABI/PVR: \_\_\_\_\_ CVI: \_\_\_\_\_**

**CV: DP 0 1 2 3 4 L DP 0 1 2 3 4 R  
PT 0 1 2 3 4 L PT 0 1 2 3 4 R**

**CFT \_\_\_\_\_ sec immediate**

**EDEMA: Foot R L Bil Ankle R L Bil Leg R L Bil**

**VARICOSITIES: Blue Enlarged Tortuous  
Foot R L Bil Ankle R L Bil Leg R L Bil**

**FEET: Cool Warm Blue Pink**

**Bronzing: Yes No**

**DERM: Nails 1 2 3 4 5 L 1 2 3 4 5 R  
\_\_ Crumbly \_\_ Yellow \_\_ Incurvated \_\_ Thickened  
Subungal Debris All \_\_\_\_\_**

**Shoewear: \_\_\_\_\_**

**Compression Hose yes no**

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<b>NEURO:</b> Sensations Intact Decreased	<b>GAIT:</b> Walker W/C Shuffle Scooter Cane Amb
<b>M/S:</b> Bunions Mild L R Bil	
Hammertoes 1 2 3 4 5 L	1 2 3 4 5 R

Wound Measurements: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ CM or MM Odor \_\_\_ Drainage \_\_\_\_\_ Redness \_\_\_\_\_

Tentative Diagnosis: \_\_\_\_\_

<b>Qualifiers:</b> <i>Class A (1); Class B (2) Class C (1B&amp;2C)</i>	
<b>Class A:</b> non-traumatic amputation	
<b>Class B: absent pulse:</b> PT R L Bil DP R L Bil	
<b>Three</b> of the following advanced trophic changes:	
1. decreased/absent hair growth	2. nail changes
3. pigment changes	4. skin: thin and/or shiny
5. skin: reddened	
<b>Class C:</b>	
1. claudication	2. temperature change
3. edema	4. paresthesias
5. burning	

Plan: \_\_\_\_\_

\_\_\_\_\_

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Results given: Skin/Bio      Nail/Bio      MRI      ABI/PVR/CVI      C&S

DME Items Dispensed: \_\_\_\_\_

Rx: \_\_\_\_\_

OTC items dispensed: \_\_\_\_\_

Other Specialist consults: \_\_\_\_\_

Reason for return visit: \_\_\_\_\_

Patient is to be scheduled for : \_\_\_\_\_

Diabetic shoes ordered: Y or N      Code# \_\_\_\_\_ Size \_\_\_\_\_ Width \_\_\_\_\_      Biofoam or Prefab

Orthotics Ordered Y or N and type to be ordered \_\_\_\_\_