**Foot Screening and Risk Stratification Form**

**(Use this form as an MDFT referral form for active foot disease)**

(Forward a copy to the GP if this is done by the Foot Protection Service)

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| --- | --- | --- |
| **Patient Details** | **GP Details** | **Foot Protection Team Details** |
| **Name:** | **Name:** | **Name:** |
| **DOB:** |  |  |
| **NHS number:** | **Address** | **Address** |
| **Address** |  |  |
|  | **Postcode:** | **Postcode:** |
| **Postcode:** | **Telephone:** | **Telephone:** |
| **Telephone:** |  |  |

**LEFT FOOT**

**RIGHT FOOT**

|  |  |  |
| --- | --- | --- |
| Neuropathic pain □ | **Step 1: ASK** | Neuropathic pain □ |
| Claudication pain □ | Claudication pain □ |
| Previous foot ulcer or amputation □ | Previous ulcer or amputation □ |

|  |  |  |
| --- | --- | --- |
| Callus □ | **Step 2: INSPECT** | Callus □ |
| Skin changes □ | Skin changes □ |
| Deformity □ | Deformity □ |
| Ulceration □ | Ulceration □ |
| Gangrene □ | Gangrene □ |
| Charcot’s neuroarthropathy – Acute □ | Charcot’s neuroarthropathy – Acute □ |
| Charcot’s neuroarthropathy – Chronic □ | Charcot’s neuroarthropathy – Chronic □ |
| Foot wear appropriate □ | Foot wear appropriate □ |

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| --- | --- | --- | --- | --- |
| **S**  **E**  **N**  **S**  **A**  **T**  **I**  **O**  **N**  **S** |  | Check sensations using a 10 g monofilament. The patient should perceive sensations in all 3 sites on each foot. Each site should be tested 3 times, patients should feel 2 out of 3 for each site.  **Step 3: EXAMINE**  Check for dorsalis pedis and posterior tibial pulses. At least 1 pulse should be palpable or picked up on Doppler examination in each foot. |  | **S**  **E**  **N**  **S**  **A**  **T**  **I**  **O**  **N**  **S** |
| **P**  **U**  **L**  **S**  **E**  **S** | **Dorsalis pedis:**  Palpable □  Detectable on doppler □  *(monophasic/ biphasic/ triphasic)*    **Posterior tibial:**  Palpable □  Detectable on doppler □  *(monophasic/ biphasic/ triphasic)* | **Dorsalis pedis:**  Palpable □  Detectable on doppler □  *(monophasic/ biphasic/ triphasic)*  **Posterior tibial:**  Palpable □  Detectable on doppler □  *(monophasic/ biphasic/ triphasic)* | **P**  **U**  **L**  **S**  **E**  **S** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step: 4 - RISK STRATIFY - Left Foot**  **(please tick as appropriate)** | **Low** | **Moderate** | **High** | **Active** | **Acute** |
|  |  |  |  |  |
| **Step: 4 - RISK STRATIFY - Right Foot**  **(please tick as appropriate)** | **Low** | **Moderate** | **High** | **Active** | **Acute** |
|  |  |  |  |  |

**Details of ulceration:**

**Location of main ulcer?**

**Date of onset (approx):**

**Has the patient received any antibiotics for this episode of ulceration: □ Y □ N**

**Which antibiotic:**

**When (approx dates):**

**Is there?**

**□ Cellulitis**

**□ Suspected osteomyelitis/Bone exposure visible**

**□ Suspected Charcot**

|  |
| --- |
| **Additional Comments:** |
|  |

|  |  |  |
| --- | --- | --- |
| **OUTCOME:** | **√** | **Assessment completed by:** |
| Annual Screening – arranged / GP to arrange (please circle) |  | **Signature:** |
| Foot Protection Service (3-6 months) – appointment made |  |
| Foot Protection Service (1-2 months) – appointment made |  | **Name:** |
| 24 hour referral to Foot MDT completed |  | **Designation:** |
| Immediate referral to Hospital completed |  | **Date:** |
| Refer to Vascular |  | **Contact details:** |
| Foot care Bundle administered |  |



