

Name.....
 DOB.....
 Address.....

 GP.....
 Reg.No.....

Diabetic Foot Assessment

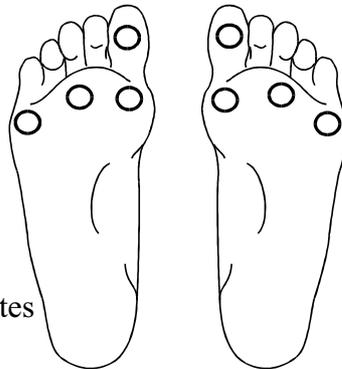
Sensation

R

L

Touch (cotton wool).....

10gm Monofilaments



A “+” marked in the circles indicates where the monofilament was felt.

Pain (neurotips).....

Vibration (128hz tuning fork)

Neurothesiometer reading, Gt toe (Volts)

Circulation - Pulses

Dorsalis Pedis Artery.....

Posterior Tibial Artery.....

Colour

Temperature

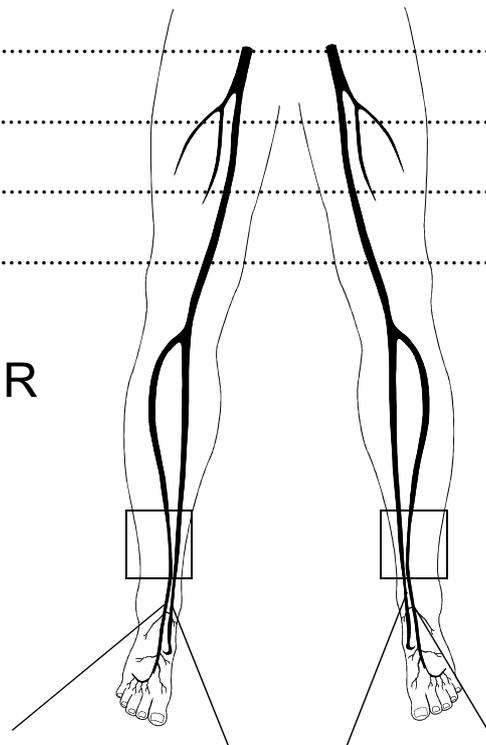
Filling time (Secs)

Doppler test

R

L

Arm systolic pressure.....



	DP pressure	PT pressure	PT pressure	DP pressure
ABPI				

Assessing Clinician.....Date.....