

# Assessment Form


## Ipswich Diabetic Foot Unit Medical Directorate

### Patient details

Addressograph

### Referral source and reason

GP Nurse Pod Other



**Ulcer history**  
duration:  
cause:  
infected:

**Ulcer description**  
colour:  
width:  
length:  
depth:  
base:  
stage:

**Diabetes type:**  
**Year of onset:**  
**Complications** (eg retinopathy) •  
•  
•  
•  
•

**Medication**

### Clinical appearance

Foot

### Assessment

**Neurological status**

10gm	R	L	Sharp 40gm	R	L	VPT (volts)	R	L	Ankle jerk	R	L
	+	+		+	+		---	---		+	+
	-	-		-	-					-	-

<b>Doppler</b>	R	L	<b>Vascular status</b>	R	L
D Pedis	mmHg	mmHg	D Pedis	++ + -	++ + -
P Tib	mmHg	mmHg	P Tib	++ + -	++ + -
Toe	mmHg	mmHg	Poplitl	++ + -	++ + -
Brachial	mmHg	mmHg	Fem	++ + -	++ + -
ABPI	_____	_____			
<b>Comments on signal</b>					

**Assessment outcome**

Neuro	N/Isch	Isch	None
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**Joint mobility**

	R	L
	+ -	+ -
Deformity	Y / N	Y / N
Charcot	Y / N	Y / N

**Management**

Health education	oral [ ]	written [ ]
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Footbook	Y / N
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Pressure relief	Y / N	comment
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**Plan:**

Continue care	District Nurse [ ]
	Practice Nurse [ ]
	Podiatrist [ ]
	Self [ ]

**Footwear**

Prescribed [ ]	Laced/strap [ ]
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Slip-on [ ]	Sandal [ ]
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Trainers [ ]	Slippers/temp [ ]
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**Investigations**

X-ray [ ]	
Result:	

Wound swab [ ]	
Result:	

Other	
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Result:	
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Angiogram [ ]
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**Outcome**

Ts lum a/plasty
Sub int a/plasty
Bypass
Other

**Notes**

Signed \_\_\_\_\_