

Diabetic Foot Assessment Form

Patient Name

Date of Assessment

Age

Medical Record Number

History of Foot Ulcer

Amputation History

Loss of Sensation (Neuropathy)

Peripheral Pulses

Foot Deformity

Skin Changes (Callus, Dryness, Fissures, etc.)

Active Ulceration

Infection

Other Findings

Assessment Notes

Assessor Name

Signature