

PATIENT FOOT EVALUATION

Patient Name _____ DOB: _____

General Patient Profile

Gender: Male Female

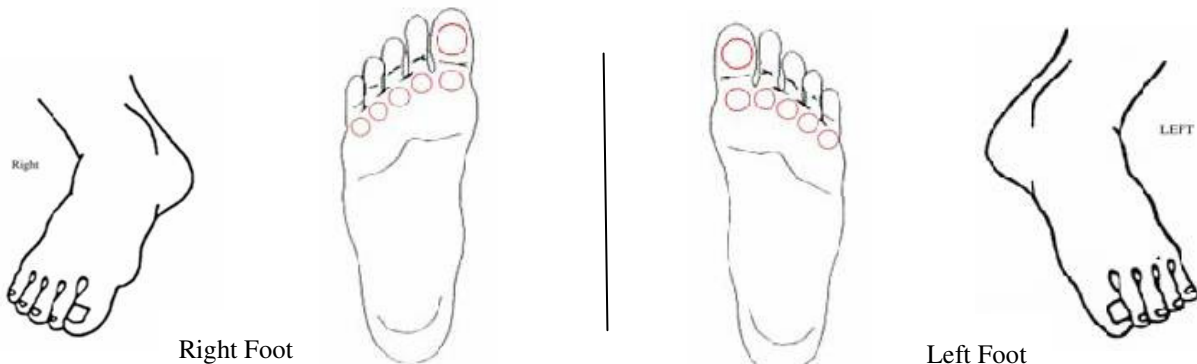
Walks: Independently Uses a Cane Uses a Walker Uses a Wheel Chair

Present Shoes: Athletic Casual Dress High-Top Work Therapeutic

Present Shoes: Size _____ Width _____ Patient: Weight (lbs.) _____ Height _____

Foot Evaluation – Socks OFF - "L" for Left foot , "R" for Right foot or "B" for Both

History of Amputation Complete or Partial	Amputation Area of Foot		
History of Previous Foot Ulcerations & Callusing	Area(s) of Ulcer	Area(s) of Corn	Area(s) of Calluses
Musculoskeletal Deformity	Bunion Hallux Valgus	Talior Bunion	Charcot foot
Peripheral Neuropathy	Burning	Tingling	Numbness
History of Foot Problems	Swelling – Edema	AFO - Ankle Foot orthosis	Blisters
Toe nails	Area(s) of Toenail Fungus		Area(s) Ingrown Toenails
Toe Deformity	Hammertoes	Mallet Toes	Claw Toes
Toe Length	Big Toe – Hallux	2 nd – Morton’s Toe	Toes Equal Other Toe
Foot Profile	Toes Moderate_ Deformity_ Thick_	Instep Flat_ Moderate_ High_	Heel Narrow_ Moderate_ Large_



Use foot diagrams to highlight problem areas, circle and label any of the above conditions.

Callous ▲ Ulcer ■ Blister Redness Swelling Pain Dryness

Qualified Fitter: _____ Date: _____