



DIABETIC SHOE PATIENT: EVALUATION FORM

PATIENT INFORMATION		Primary ICD9:	
Name:	HICN:	Carrier:	
Address:			
City:	ST:	Zip:	
Phone:			
DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Repeat SFT Pt: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MD:	Phone:	Fax:	
MD Address:			
City:	ST:	Zip:	
Email Address:			

SECONDARY FOOT DIAGNOSIS

Foot deformity

- Arthropathy associated with neurological disorders (713.5)
- Bunion (727.1)
- Claw toe (735.5)
- Hallux rigidus (735.2)
- Hallux valgus (735.0)
- Hammer toe (735.4)
- Unspecified deformity of ankle and foot, acquired (736.70)
- Unspecified acquired deformity of toe (735.9)

History of partial or complete amputation of the foot

- Lower limb amputation, foot (V49.73)
- Lower limb amputation: great toe (V49.71)
- Lower limb amputation: lesser toe(s) (V49.72)

History of pre-ulcerative callus

- History of pre-ulcerative callus (707.9)

History of previous foot ulceration

- Ulcer of heel and midfoot (707.14)
- Ulcer other part of foot (707.15)

Peripheral neuropathy with evidence of callus formation

- Neuropathy in diabetes, use w/ 250.60, 250.61 (357.2)

Poor circulation Atherosclerosis of the extremities:

- with intermittent claudication (440.21)
- with ulceration (440.23)
- unspecified (440.20)
- Peripheral angiopathy (443.81)
- Peripheral vascular disease unspecified (443.9)

Style:		Color:	
Size:	Width:	Part#:	

FOOT MEASUREMENTS	Left	Right
Heel to Toe		
Heel to Ball (arch length)		
Width (use the heel to toe)		
Semi-Circumference (inches)		
Patient Wearing AFO (check side)		

Foot Evaluation	Left			Right		
	Mild	Moderate	Severe	Mild	Moderate	Severe
High Arch / Instep						
Hammertoes						
Bunions						
Swelling						
Narrow Heels						
Other Deformities						

Accommodations

- | | |
|--------------------------|---|
| Left | Right |
| <input type="checkbox"/> | <input type="checkbox"/> Please have lab determine accommodations |
| <input type="checkbox"/> | <input type="checkbox"/> Relief (cut out) – as marked on imprint |
| <input type="checkbox"/> | <input type="checkbox"/> Heel Lift – in Shoe (1/4 inch max.) Height _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Heel Lift – on Insert (1/4 inch max.) Height _____ |
| <input type="checkbox"/> | <input type="checkbox"/> ___ Lateral ___ Medial Wedge on Insert |
| <input type="checkbox"/> | <input type="checkbox"/> ___ Lateral ___ Medial Wedge in Shoe |
| <input type="checkbox"/> | <input type="checkbox"/> Morton's Extension |

- | | |
|---|---|
| Left | Right |
| <input type="checkbox"/> | <input type="checkbox"/> Dancer's Pad |
| <input type="checkbox"/> | <input type="checkbox"/> Saddle Pad (U Pad) |
| <input type="checkbox"/> | <input type="checkbox"/> Met Bar |
| <input type="checkbox"/> | <input type="checkbox"/> Crest Pad |
| <input type="checkbox"/> | <input type="checkbox"/> Heel Cushion |
| <input type="checkbox"/> Left Toe Fill – Digits Missing: _____ | |
| <input type="checkbox"/> Right Toe Fill – Digits Missing: _____ | |

Comments: _____