Appendix N: Clinic Assessment Tool

The following is an example of an interprofessional assessment tool that may be used within a clinic setting.

<table>
<thead>
<tr>
<th>Date: ___________________</th>
<th>Patient name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessional Diabetes Foot Ulcer Team</td>
<td>Patient name: ____________________________</td>
</tr>
<tr>
<td>310 Wellington Road, London N6C 4P4</td>
<td>Patient name: ____________________________</td>
</tr>
</tbody>
</table>

**Initial Assessment Form - Clinic**

**PRESENTING PROBLEM**
- Site: _____________________________________________
- Duration (weeks):_______________________________________
- Cause: __________________________________________

**PERIPHERAL VASCULAR SUPPLY**
- History of vascular symptoms:  
  - None
  - Intermittent claudication
  - Rest pain
  - Insufficient activity to elicit symptoms
  - Edema
  - Previous hospitalizations for vascular specific issues
- Colour: Normal
  - Cyanosis
  - Pallor on limb elevation
  - Rubor on limb dependency
  - Mottling
- Temperature gradient: Normal
  - R/prox – distal
  - L/prox – distal
- Pulses palpable (tick if yes):  
  - Left foot: DP PT
  - Right foot: DP PT
- Vascular risk/PAD:  
  - PT
  - DP
  - PPG
  - Brachial
  - ABI
  - TBI

**Capillary refill:**
- R/great toe 1 sec
- L/great toe 1 sec
- Normal

**Integumentary changes:**
- Normal
  - Skin atrophy
  - Abnormal wrinkling

**Skin examination:**
- Appearance (colour, texture, turgor, quality, dryness): Normal
  - Skin atrophy
  - Abnormal wrinkling

**REFERRAL CRITERIA FOR VASCULAR SURGERY CONSULT:**
- Foot ulcer
- Pulses impalpable
- ABI < 0.9; TBI < 0.6

**Date contacted Dr. De Rose:_________________________**

**Next step:** ________________________________________

**REFERRAL CRITERIA FOR VASCULAR SURGERY CONSULT:**
- Foot ulcer
- Pulses impalpable
- ABI < 0.9; TBI < 0.6

**Date contacted Dr. De Rose:_________________________**

**Next step:** ________________________________________

**NEUROLOGICAL ASSESSMENT**
- Sensory:
  - Monofilament (10g, /4): L: ___________ R: ___________
  - Graduated Tuning Fork: L: ___________ R: ___________
- Neurological risk/LOPS
- Autonomic: Normal
  - Dry scaly skin
  - Maceration between toes
  - Loss of hair growth
  - Thickened toenails
- Motor: Normal
  - Range of motion: tick if abnormal
    - Ankle
    - Sub talar joint
    - R/ 1st ray
    - L/ 1st ray
    - R/Big toe
    - L/Big toe
    - Other
  - Deep tendon reflexes: tick if absent
    - Patellar
    - Achilles

**FOOTWEAR EXAMINATION:**
- Type of shoe (athletic, oxford, comfort etc.): ______________________
- Fit:
  - Depth of toe box:
    - Enough room for toes
    - Not enough depth

**MUSCULOSKELETAL EXAMINATION:**
- Biomechanical assessment:
- Signed:
- Clinician:_____________________

**HEEL CONTACT:**
- Mid Stance:
- Heel lift:
- Toe off:
- Description:
**PATIENT NAME**

**FOOT FUNCTION:**
- **High foot pressures (>6kg/cm)**
- **Limited joint mobility**
- **Normal Muscle Group strength testing (Passive, active, weight bearing and non-weight bearing)**
- **Abnormalities:**

  - **Nail:**
  - **Joint:**
  - **Prior amputation**
  - **Tendo-achilles contractures/equinus**
  - **Foot drop**
  - **Intrinsic muscle atrophy**
  - **Other**

**FOOT FUNCTION:**
- High foot pressures (>6kg/cm)
- Limited joint mobility
- Normal Muscle Group strength testing (Passive, active, weight bearing and non-weight bearing)
- Abnormalities:

  - Nail: ____________________________
  - Joint: __________________________
  - Prior amputation: ____________________
  - Tendo-achilles contractures/equinus: ____________________
  - Foot drop: ______________________
  - Intrinsic muscle atrophy: ____________________
  - Other: ______________________________________

**ULTER CLASSIFICATION:**
- **Neuropathic**
- **Neuroischemic**
- **Ischemic**
- **Other**

**ULTER ASSESSMENT:**
- Location: ____________________________
- Length ________ cm Width__________ cm Depth________ cm

**Wound base:**
- Granulation Tissue ___ %; Necrotic (Slough/eschar) ______ % Epithelium _____ %
- Necrotic tissue type (hard black, soft grey eschar, yellow slough):
- Integrity of Granulation tissue (bright red, pale, friable, dull dusky red):
- Edges (advancing, attached, not attached, rolled, fibrotic, callus):
- Exudate: None  Light  Moderate  Heavy

**PAIN:**
- Numerical Rating Scale (0 – 10): RF ___ /10 LF ___ /10
- What triggers pain: ____________________________
- What soothes pain: ____________________________
- Location: ____________________________
- Describe: Sharp shooting  dull, aching  burning  Other: ____________________________

**ULTER ASSESSMENT:**
- Location: ____________________________
- Length ________ cm Width__________ cm Depth________ cm

**WOUND TRACING**

**TEMPERATURES:**
- Location: L ___ °C  R ___ °C  Diff: ___ °C
- Location: L ___ °C  R ___ °C  Diff: ___ °C
- Location: L ___ °C  R ___ °C  Diff: ___ °C
- Location: L ___ °C  R ___ °C  Diff: ___ °C

**WOUND TRACING**
- Location: L ___ °C  R ___ °C  Diff: ___ °C

**MENTAL/PSYCHOSOCIAL STATUS:**

**Capable of Consent?**  Yes  No

- Are you currently experiencing any difficulties in your personal or family life (e.g., relationship problems, depression, eating disorder, or other health problems) that might interfere with your ability to manage your foot care?

  During the past month. Have you been often been bothered by feeling down, depressed or hopeless?  Yes  No

- Have you often been bothered by little interest or pleasure in doing things?  Yes  No

  **If yes to either question refer to psychology**

**Clinician:** ____________________________  **Signed:** ____________________________

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<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>Date:</th>
</tr>
</thead>
</table>

### SOFT TISSUE INFECTION:
- [ ] No clinical signs or symptoms
- [ ] Clinical signs and symptoms of mild (PEDIS level 2) infection:
- [ ] Clinical signs and symptoms of moderate (PEDIS level 3) infection.
- [ ] Severe (PEDIS level 4) infection

### PEDIS WOUND CLASSIFICATION:

<table>
<thead>
<tr>
<th>P: Grade</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>E: Area:</td>
<td>cm²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D: Grade</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I: Grade</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>S: Grade</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### POTENTIAL FOR ULCER TO HEAL:

#### TREATMENTS:
- [ ] Cut and filed nails: ____________________________________________________________________________
- [ ] Debridement: ________________________________________________________________________________
- [ ] Other: ______________________________________________________________________________________

**Clinician:** ____________________________________________ **Signed:** ________________________________

- [ ] Physiotherapist notes: ________________________________________________________________________

**Print name:** ______________________ **Signed:** ________________________________

- [ ] Orthotist notes: _____________________________________________________________________________

**Print name:** ______________________ **Signed:** ________________________________

#### DRESSINGS:
- [ ] Primary: _________________________________________________________________________________
- [ ] Secondary: ________________________________________________________________________________
- [ ] Fixation: __________________________________________________________________________________

**Clinician:** ____________________________________________ **Signed:** ________________________________

- [ ] FREQUENCY OF DRESSING CHANGES:
  - daily
  - every 2nd day
  - twice a week
  - once a week

**DRESSINGS TO BE CHANGED BY:**
- [ ] patient
- [ ] family member
- [ ] nurse

#### PRESSURE REDISTRIBUTION:
- [ ] Felt to foot: describe: ________________________________
- [ ] Post op rocker sole slipper

**Clinician:** ____________________________________________ **Signed:** ________________________________

- [ ] Walker. Type ________________________________
- [ ] TCC
- [ ] Other ________________________________________

#### Notes:

**Clinician:** ____________________________________________ **Signed:** ________________________________

- [ ] INSTRUCTIONS GIVEN RE: WOUND CARE
  - Patient information brochure provided
  - Dressing changes
  - Reducing weight bearing activity
  - How to identify if infection develops & what to do
  - Keeping wound dry
  - Other ________________________________________

**Clinician:** ____________________________________________ **Signed:** ________________________________
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**REFERRALS:**
- [ ] Orthopaedic surgeon
- [ ] Vascular Surgeon
- [ ] Social Work
- [ ] Psychology
- [ ] CCAC for wound care
- [ ] Other

**EDUCATION:**

<table>
<thead>
<tr>
<th>CORRESPONDENCE:</th>
<th>FOLLOW-UP:</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physician:</td>
<td>Next Available</td>
<td>□ PRN</td>
</tr>
<tr>
<td>Wound Nurse:</td>
<td>□ ____ weeks</td>
<td>□ D/C</td>
</tr>
<tr>
<td>Other:</td>
<td>□ ____ months</td>
<td></td>
</tr>
<tr>
<td>By clinician:</td>
<td></td>
<td></td>
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<tr>
<td>Signed:</td>
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</table>

By clinician: ______________________ Signed: ______________________

**FOLLOW-UP:**
- [ ] Next Available
- [ ] ____ weeks
- [ ] ____ months
- [ ] PRN
- [ ] D/C

**Notes:**

Clinician: ______________________ Signed: ______________________

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