

Name of business:

Clients Name DOB		Date	
Phone/address			
Allergies	NKA, Lotion, Tape, Latex, Other:	Individual needs	
		Joint ache or surgeries	No L Hip R Hip L Knee R Knee L ankle R ankle
Diabetes	No Diet only Oral Meds Insulin	Compression Socks	Yes No

Assessment

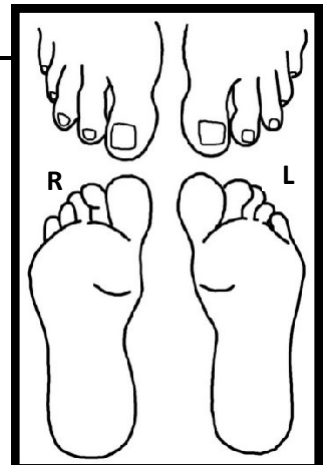
Skin Texture	Normal Thin Dry Flaky Shiny Cracking Thickening Absent Hair	Impaired Circulation / Wounds:
Skin Color	Normal Erythema Rubor Pallor Brown Hemosiderin Deposits	Interdigital area: Red White Fissure Corn Ulcer
Fissures	Heels Between toes Other	Comments: _____
Pulses Palpable	Dorsalis Pedis: Intact R L Diminished R L Posterior Tibial: Intact R L Diminished R L	
Mobility	Unassisted Cane Walker W/C Bed only	

Shoe Gear/ Orthotics

	Appropriate	Needs Change
PT complaint today:	Toenails/feet: Elongated Thickened	Corn / Callus Pain
Plan of Care:		
Intervention:	Reduced: Elongated Nails Dystrophic nails Instruments used: Lotion to feet/ toes for moisturizing Other:	Corn / Callus
Recommendations given to patient/ caregiver/ family for follow up or home Care:	Bunions/Hammertoes/corn/callus: pads/appliance for comfort and protection	
	Daily lotion to dry skin on feet/ toes.	
	Changes to shoe gear/ orthotic:	
	Daily foot care for diabetics	
	Referral / Other:	
	Return in: 4 wks 6 wks 8 wks	

Impaired Skin Integrity	Scratch/cut during care
Intervention	
	Advised Patient/ Caregiver/ Family Member Discussed F/U Care Handout / Home care kit given Care Refused

NOTES:



Signature / Date
