

A B C D E F G H I J K L M N O P Q R S Sch St T U V W X Y Z



Lösungen für intelligente Fußpflege

**Benestar Corp.**  
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Name \_\_\_\_\_

Road \_\_\_\_\_

Place of residence \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth day \_\_\_\_\_

Family doctor \_\_\_\_\_ Tel. \_\_\_\_\_

e-mail address: \_\_\_\_\_

Next appointment \_\_\_\_\_ Weeks

in Duration of treatment \_\_\_\_\_ Min.

Smoker  Yes

Stature \_\_\_\_\_ in

Weight \_\_\_\_\_ lb

Shoe size \_\_\_\_\_

Insoles  Yes

Hemophilia  Yes  No

**Efflorescences** Blow  stains   
 Crusts  scar   
 Papules  Nodules   
 Cysts  Pus vesicles

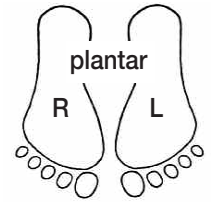
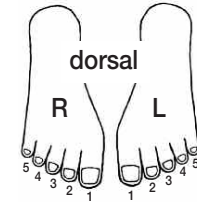
**Skin diseases** P soriasis  Neurodermatitis   
 Vitiligo  Petechiae   
 Ulcera  Eczema   
 Scleromalacia Perforans

**Problem:**

Recommendations: e.g. Preparations, pressure protection

	<b>5 4 3 2 1</b>		<b>1 2 3 4 5</b>						
<b>Right</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corns on toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Between the toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hammer toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nail fungus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ingrown nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Left**



Dry skin  
 Normal skin  
 Sweaty skin  
 Cold feet  
 Hot feet  
 Cornea

Keratosi:s: \_\_\_\_\_ Clavus: \_\_\_\_\_  
 Verruca: \_\_\_\_\_ Mycosis: \_\_\_\_\_  
 Rhagades: \_\_\_\_\_  
 Doctor prescribed medication: \_\_\_\_\_

**Diabetes:**

**Diabetic sensitivity test**

Right: Positive  Reduce Negative   
 Left: Positive  Reduce Negative

Neuropathy: Yes  No   
 Charcot foot: Yes  Right :  Left :   
 Localization of Edema:  Varicosis:

HbA1c: \_\_\_\_\_

Insulin

Oral Treatment: \_\_\_\_\_

Since when: \_\_\_\_\_

**Foot pulses:**

A. dors. ped. Right weak  normal  Left weak  normal   
 A. tib. post. Right weak  normal  Left weak  normal

**Skin color:** normal Right  Left  pale Right  Left  Circulatory disorder   
 reddened Right  Left  livid Right  Left  Exercise pain   
 discolored Right  Left  blotchy Right  Left  Resting pain   
**PAOD:** Typ I  II a/

**Gait:** normal  wheelchair  hallux valgus Right  Left   
 bent  dragging  Hallux rigidus Right  Left   
 Relieving posture  Crutch  Quintus varus Right  Left

**Shoes:** Confection  Comfortable shoe  insoles Yes   
 Diabetes  Orthopedic

