



Notes on Qualifying Conditions for Diabetic Shoes & Inserts

Per Medicare law, the foot condition(s) must be noted here or in the Medical Notes

Foot Exam Conducted By: _____	NPI: _____
--------------------------------------	-------------------

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **Email:** _____ **HICN:** _____

Findings of the Foot Exam: *Please check all condition(s) that apply to your patient.*

Conditions	Left	Right
Neuropathy / Absent-Decreased Sensation (monofilament exam)		
History of Previous Foot Ulceration		
Callus		
History of Pre-ulcerative Callus		
Hammertoe(s)		
Bunion(s)		
Other Foot / Toe Deformities (Described in summary below)		
Charcot Joint		
Charcot Marie-Tooth		
Diminished Dorsalis / Pedal Pulses		
Vascular Disease / Absent-Decreased Circulation – Lower Extremities		
Toe / Foot Amputation(s) (Described in summary below)		

Note Location of: Callus (C), Pre-ulceration / Ulcers (U), Diminished Sensation (+/-), Diminished Pulses (+1, +2)



<i>The notes below summarize the findings of my patient's foot exam.</i>



PHYSICIAN SIGNATURE: _____

DATE: _____