

ALERTS: Diabetes MRSA PVD Anticoag Allergy HepB

Surname: _____	Record No: _____
Given name: _____	Student: _____
DOB: _____ Sex: M/F	Today's date: _____
	Pediatricist: _____

A. Medical/Podiatric history

History of complaint: (nature, location, duration, previous treatment)

Medical history: (CVS, CNS, musculoskeletal, immune, surgery, endocrine)

Medications: (list, dosage)

Family History:

Weight:..... kgs

Height:..... cms

Footwear: (types)

Blood pressure:..... mmHg

Pulse:..... BPM

B. Podiatric examination

Objective examination of complaint: (site, size, pain type)

Dermatology: (lesions, site, type, texture)	
Orthopaedic: (structure, hip, leg, feet, gait)	

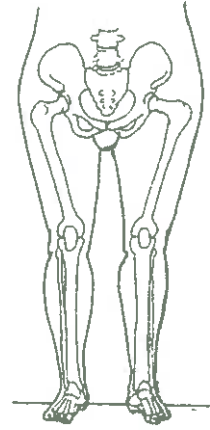
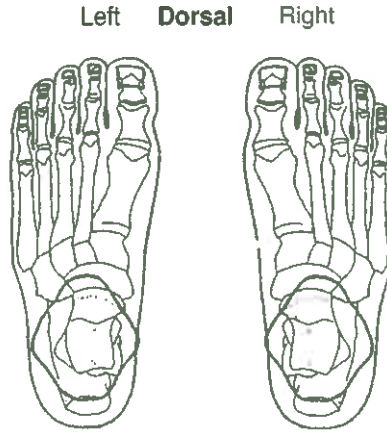
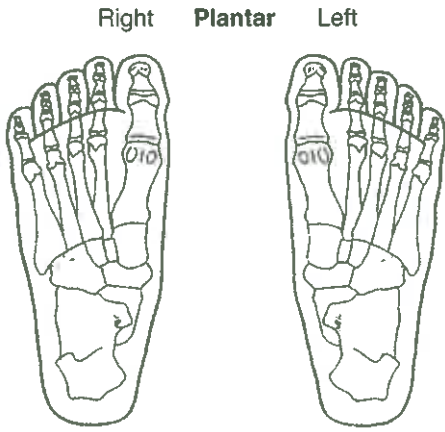
Peripheral Vascular Assessment:

Reference range	Anatomy	Left	Right	Comments
Macrovascular +++ – bounding +++ – normal + – diminished 0 – absent	Posterior Tibial			
	Dorsalis			
Microvascular (SVPFT) <5sec – WNL >5sec – delayed	Forefoot			
Perfusion (temp) warm – WNL cool – reduced	Foot			
Varicosities Absent – WNL Present – abnormal	Leg/foot			
Lymphodema Absent – WNL Pitting – abnormal Non-pitting – abnormal	Ankles			

Neurological Assessment:

Reference range	Anatomy	Left	Right	Comments
Sensory (Afferent) present – WNL absent – abnormal	Fine touch			
	Motor (Efferent) present – WNL absent – abnormal	Dorse/plantar lexion		
Vibration present – WNL absent – abnormal	Hallux			
Reflex (Innervation) present – WNL absent – abnormal	Patella			
	Ankle			

Diagrams: (Mark location of pathology)



C. Diagnosis

provisional/differential

Etiology: (list)

D. Treatment

Short term:

Long term:

Student signature: _____ Staff signature: _____

