

FOOT ASSESSMENT TOOL

PATIENT NAME

ADMISSION #

DATE

FUNCTION

CONDITION OF FEET LIMITS ACTIVITY

☐ YES

☐ NO

If yes, describe _____

RESIDENT USUALLY WEARS SHOES

COVER FEET COMPLETELY

☐ YES

☐ NO

If no, describe _____

	NO	YES (R=RIGHT) (L=LEFT)	BOTH
SKIN			
LESIONS			
FISSURES BETWEEN/BENEATH TOES			
OPEN SORES ON LEGS/FEET			
CORNS			
CALLUSES			
PLANTAR WART			
ITCHING LEGS/FEET			
DRY, FLAKY SKIN			
RASH			
OTHER			
TOENAILS			
INGROWN			
OVERGROWN			
THICKENED			
BROKEN			
DISCOLORED			
STRUCTURE/APPEARANCE			
HALLUX VAGUS			
HAMMER TOE			
EDEMA			

COLOR/TEMPERATURE

PE (PALE) PK (PINK) R (RED) M (MOTTLED) D (DUSKY) B (BLACK)
W (WARM) CL (COOL) CD(COLD)

RIGHT

COLOR

TEMPERATURE

LEFT

COLOR

TEMPERATURE

PODIATRIST CONSULT RECOMMENDED

☐ YES

☐ NO

SIGNATURE NURSE PERFORMING ASSESSMENT _____