InSight Health Network
Behavioral Health•Podiatry

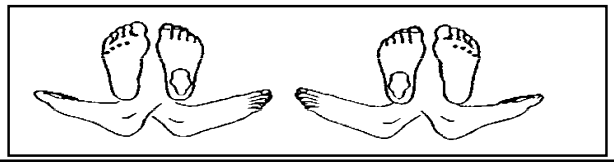
Initial Podiatry Progress Note

Date of Service:_____ Facility:_____ Room #:_____
Patient:_____ SEX:___ Attending:_____ DLV:_____
Date of Birth: ***Allergies:***
Responsive Capacity: ❒ Good ❒ Fair ❒ Poor ❒ Combative ***Place of service***: ❒ Bedside ❒Wheelchair ***Patient is*** ❒ ambulatory ❒ Bedridden

Clinical Findings

Vascular Exam	R	L
Dorsalis Pedis	/4	/4
Posterior Tibialis	/4	/4
Popliteal Pulse	/4	/4
Capillary Filling Time	_____sec	____sec
Varicosities	❒ Foot ❒ Ankle ❒ Leg	❒Foot ❒Ankle ❒Leg
Temp. Gradient	❒ WNL INC/DEC	❒ WNL INC/DEC
Skin Temperature	❒ WNL Cool/Hot	❒ WNL Cool/Hot
Edema (Location)	❒ Yes ❒ NO _____	❒ Yes ❒ No _____
Hair growth	❒ Yes ❒ NO ❒ Diminished	❒Yes ❒ No ❒ Diminished
Dependant Rubor/Pallor/Cyanosis?	❒ Yes ❒ No	❒Yes ❒ NO

Orthopedic Exam	R	L
Hammer Toes?	1 2 3 4 5	1 2 3 4 5
Clavi/Callous	1 2 3 4 5	1 2 3 4 5
Bunion?	❒ Yes ❒ No	❒ Yes ❒ No
Overall ROM:	❒ WNL ❒ Decreased	❒ WNL ❒ Decreased
Crepitus/effusion?	❒ Yes ❒ No	❒ Yes ❒ No
Amputation?	TOE___ BKA___ TMA___ AKA___	TOE___ BKA___ TMA___ AKA___
Foot Type	Muscle pw /15 Cavus/Planus/ average	Muscle pw /15 Cavus/Planus/ average



Neurological Exam		
DTR's (patellar/ankle)	❒ Deferred /5 /5	❒ Deferred /5 /5
Sharp/Dull	❒ WNL DEC./ INC.	❒ WNL DEC. / INC.
Hemipariesis	❒Yes ❒ No	❒ Yes ❒ No
Foot brace worn?	❒Yes ❒ No	❒ Yes ❒ No
Ambulatory?	❒Yes ❒ No	❒ Yes ❒ No
Babinsky Sign	(+) (-)	(+) (-)

PODIATRIC DIAGNOSIS (ES)

1)_____ 2) _____

3)_____ 4) _____

5)_____

Treatment Plan:

Dermatological Exam			
Skin Color	❒ Normal ❒ Ruborous	❒ Cyanotic ❒ Pallor	❒R ❒L ❒B
Texture	❒ Normal	❒ Thin Atrophic	❒R ❒L ❒B

Skin Lesions
❒ Hyperkeratoses _____
❒ Preulcerative Area_____
❒ Ulcerations_____
❒ Other_____

Interspaces	R	L
❒ Clear	1 2 3 4 5	1 2 3 4 5
❒ Macerated	1 2 3 4 5	1 2 3 4 5

Nails

	R 1 2 3 4 5	L 1 2 3 4 5
❒ Normal		
❒ Hypertrophic Dystrophic		
❒ Discoloration		
❒ Thickening		
❒ Thick,Yellow, Mycotic		
❒ Onochocryptosis		
❒ Lateral nail border		
❒ Medial Nail Border		
❒ Both Borders		
❒ Drainage		
❒ Evidence of clubbing		
❒ Evidence of pitting		

_____ _____ Recall Visit: ❒ 30 days ❒ 60 days ❒ Next Visit
Podiatrist's Signature Date
C/O "_____"