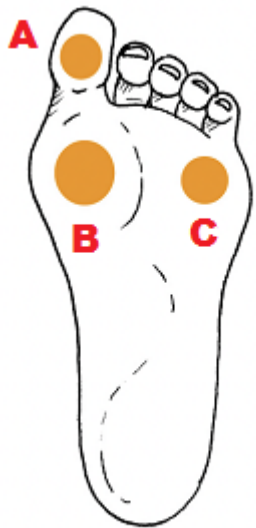
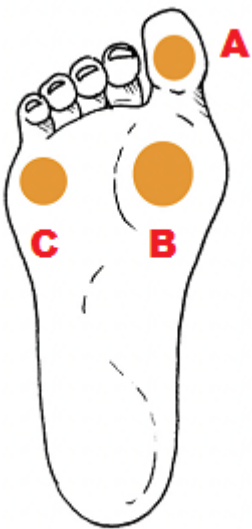


Patient Registration Form

Patient Address *	
Patient Age *	
Gender *	Male Female Other
Type of diabetes	Type 2 Type 1 Others
Duration of Diabetes	Less than 1 year 1-5 years 5-10 years More than 10 years
Level of HbA1c% (if tested within 3 months)	
Random Blood Sugar (mg/dl)	
Fasting Blood sugar (mg/dl)	
Postprandial Blood sugar (mg/dl) (2 Hours after meals)	
Does the Patients have a history of	
A. leg/foot ulcer:	<input type="radio"/> Yes <input type="radio"/> No
B. Lower Limb Amputation or Surgery:	<input type="radio"/> Yes <input type="radio"/> No
C. Lower limb Angioplasty/ Stent or Surgery:	<input checked="" type="radio"/> Yes <input type="radio"/> No
D. Other diabetic complications- renal (dialysis/transplant):	<input checked="" type="radio"/> Yes <input type="radio"/> No
Retinal (visual impairment):	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Tested
Smoking Habit	<input type="radio"/> Yes <input type="radio"/> No If Yes, Current <input type="radio"/> Smoker <input type="radio"/> Ex-Smoker
Do you have burning or tingling sensation in feet or leg?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does your leg or foot pain while walking?	<input type="radio"/> Yes <input type="radio"/> No
Are there changes in skin colour or skin lesions?	<input type="radio"/> Yes <input type="radio"/> No
Is there any loss of lower extremity sensation in the leg/foot?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Dermatologic Exam	
Does the patient have discoloured, ingrown, or elongated nails?	<input type="radio"/> Yes <input type="radio"/> No
Are there signs of fungal infection especially in between the toes?	<input type="radio"/> Yes <input type="radio"/> No

Does the patient have discoloured and or hypertrophic skin lesions, calluses, or corns?		<input type="radio"/> Yes <input type="radio"/> No
Does the patient has open wound or heel fissure?		<input type="radio"/> Yes <input type="radio"/> No
Is there any warmth/swelling/redness in the foot which is suggestive of cellulitis?		<input type="radio"/> Yes <input type="radio"/> No
Neurologic Exam		
Is the patient responsive to 10g monofilament?		<input checked="" type="radio"/> Yes <input type="radio"/> No
<div><div><div>Left Foot</div></div><div><div>A</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div><div><div>B</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div><div><div>C</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div></div>		
<div><div><div>Right Foot</div></div><div><div>A</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div><div><div>B</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div><div><div>C</div><div><input checked="" type="radio"/> Yes <input type="radio"/> No</div></div></div>		
Musculoskeletal Exam		
Does the patient have obvious deformities in the feet?		<div><input checked="" type="radio"/> Yes <input type="radio"/> No</div> <div>If yes, for how long?</div>
Vascular Exam		
Is the hair growth on the foot dorsum or lower limb decreased?		<input checked="" type="radio"/> Yes <input type="radio"/> No
Are the dorsals pedis and posterior tibial pulses palpable?		<input checked="" type="radio"/> Yes <input type="radio"/> No
Is the temperature of the skin cold/warm/normal?		<input checked="" type="radio"/> Cold <input type="radio"/> Warm <input type="radio"/> Normal
Patient's Foot image (OPTIONAL - MAX size 1MB)		<div><div>Choose file</div>No file chosen</div>

Once the data is entered and submitted, it cannot be changed/edited/modified later. Therefore, please fill the data carefully and double check the form before submitting.