NGS Footcare Program: Monitoring Client's Feet

Client Name: ……

Client Address: ……

D.O.B. …… DCW Name: ……

Date monitoring started: ……

Week 1: Baseline information

(Information that you need to know but only needs to be collected once)

Do they have health problems such as diabetes or arthritis?	Yes ☐	No ☐
Do they trip or fall often?	Yes ☐	No ☐
Do they have someone to either cut their nails or take them to a person who cuts their toenails?	Yes ☐	No ☐
Do they have a visual impairment	Yes ☐	No ☐

If the client answers yes to one or more of these questions,

Does the client see a podiatrist regularly?	Yes ☐	No ☐

If the answer is no, the client does not see a podiatrist regularly it is advisable that they should see one. Please notify the Assessment Officer

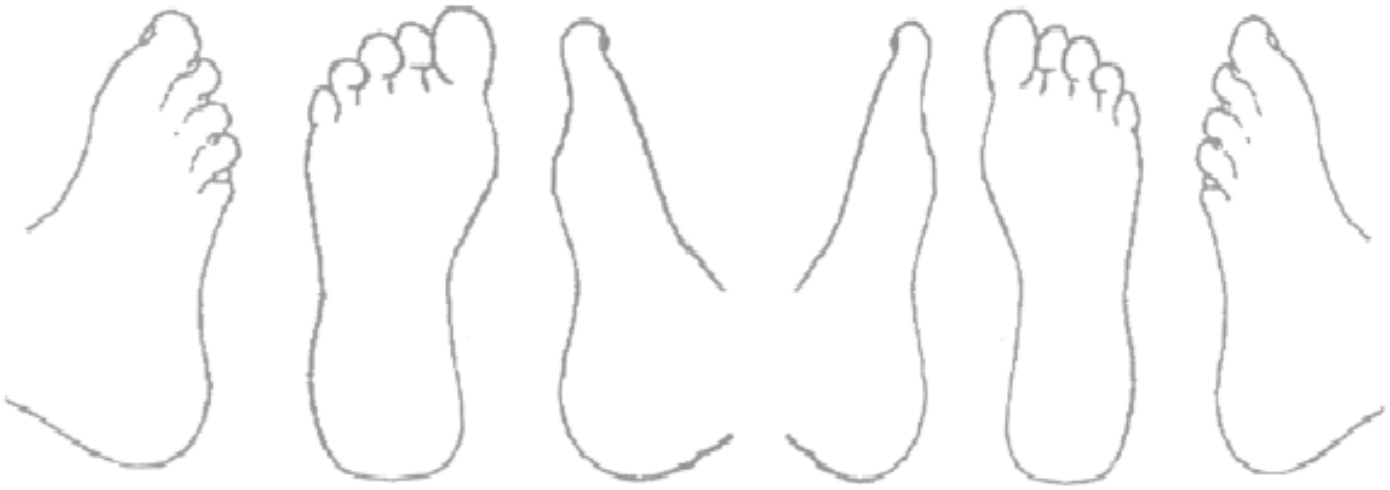
If the answer is yes, continue the monitoring questions below

Monitoring: Week 1- 4

	Week 1		Week 2		Week 3		Week 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Does the client have swollen feet?								
Is the colour of the client's feet blue/black?								
Do they have sores or ulcers that haven't healed in 2–3 weeks?								
Do they complain of numbness in their feet?								
Does the client complain of cramps at night or do they sit up to sleep?								
Have they had a trip or fall this week?								

Please note: If you observe and/or the client reports any of these concerns please advise the Assessment Officer that day

Please indicate the location of any areas of concern (and date) that you have about the client's foot on the diagram below.



Left **Right**

Have additional visual diagrams been used to document observation & changes (Monitoring Foot Care Attachment) ☐ Yes ☐ No

If yes, please attach to this page

Feedback –this might include any difficulties you have or any comments made by the client (P*lease initial & date any comments that you make)*

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Referral made to Podiatrist: Yes ☐ No ☐ Date of referral: ……