

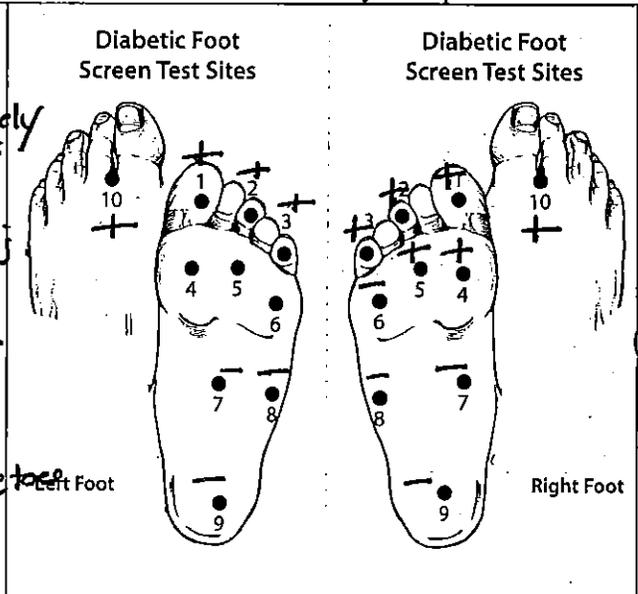
Follows routine for foot care	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Describe:				
<input checked="" type="checkbox"/>	Daily shower/bath			
<input checked="" type="checkbox"/>	Trims nails straight across / Podiatrist does this			
<input checked="" type="checkbox"/>	Applies lotion			
<input checked="" type="checkbox"/>	Never goes barefoot			
<input checked="" type="checkbox"/>	Inspects for cuts, blisters, sores			
<input checked="" type="checkbox"/>	Wears special shoes			
Sees podiatrist regularly	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Frequency:	Every 3 months			
Date of last exam:	January 2013			

Comments: *Resident states that she washes and dries her feet every morning before breakfast. She does check for any cuts/blisters, or sores.*

**COMPREHENSIVE FOOT ASSESSMENT:**

Type your documentation of the complete detailed foot assessment in the left hand section below. Documentation of the + and - results for the filament testing on the foot diagram to the right will need to be done manually with pen afterwards.

Patient has 3mm callus on underside of (R) Great toe. Patient has a 4mm callus on ball of (L) Foot. Bilateral Feet are extremely dry and small cracks observed on bottoms of both feet. No ulcers Noted.  
 Instructed Patient to Following Interventions  
 - Cut toenails straight across  
 Have Feet checked regularly by Foot Doctor  
 Keep feet Dry, especially between toes  
 Instruct to not put lotion between the toes  
 Look and Feel Feet Daily For Open Sores and any abnormalities



**BARRIERS TO LEARNING/SPECIAL CIRCUMSTANCES:**

<input checked="" type="checkbox"/>	Memory deficit
<input checked="" type="checkbox"/>	Is "homebound"
<input checked="" type="checkbox"/>	Erratic Work Schedule
<input checked="" type="checkbox"/>	Hand dexterity limited
<input checked="" type="checkbox"/>	Poor vision
<input checked="" type="checkbox"/>	Limited income
<input checked="" type="checkbox"/>	Cannot/poorly reads
<input checked="" type="checkbox"/>	Little/no support
<input checked="" type="checkbox"/>	Limited comprehension
	Other:

Comments: *She has alot of anxiety over her limited income, and so she tries to be as independent as possible with her ADL's.*

(SILS) HEALTH LITERACY SCREENER Question: (Lewis, page 56) How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Client's response:

*I need help almost daily to read instructions and any new orders from the doctor.*