

VASCULAR AND NEUROLOGICAL ASSESSMENT FORM



Patient

Date of birth:

 / /

Date of assessment



 / /

Diabetic?

Type 1 Type 2 N/A

Smoker?

Yes No Vape

Presenting complaint:		
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Test	Right Foot			Left Foot		
Dorsalis Pedis	Strong Tri	Weak Bi	Not found Mono Not found	Strong Tri	Weak Bi	Not found Mono Not found
Posterior Tibial	Strong Tri	Weak Bi	Not found Mono Not found	Strong Tri	Weak Bi	Not found Mono Not found
Capillary Refill						
Temperature Gradient	Warm-Cool Other:		Warm-Cold	Warm-Cool Other:		Warm-Cold
Observations: (e.g.) skin integrity, hair growth, swelling						

Neurological assessment				
Test	Right Foot		Left Foot	
10g monofilament	/10		/10	
Tuning Fork 128Hz	Present	Absent	Present	Absent

Assessment result: Low Risk Medium Risk High risk Active issue

Referral GP / Podiatrist: Yes No

Details: