

Diabetes Foot Risk Assessment Triage Referral

Date of Screening and Triage (dd-Mon-yyyy)
HRFT Fax #

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown			

- Send the completed Diabetes Foot Screening Tool and Foot Risk Assessment Triage Referral Form to the High Risk Foot Team (HRFT). Prior to referral, contact the HRFT to ensure they accept referrals for the criteria listed below.
- If there is no HRFT in your area, refer to the Diabetes Foot Care Referral Process Guidelines for recommendations for referrals.

Risk Features (check all that apply) (✓)		
Low Risk	▶ Routine annual foot exam & diabetes education	Managed by Primary Care
Moderate Risk Criteria with or without Loss of Protective Sensation <input type="checkbox"/> Callus/Corn/Fissure/Crack (not bleeding or draining) <input type="checkbox"/> Inadequate foot care - missing, sharp, unkept, thickened, long or deformed toe nails <input type="checkbox"/> Inadequate foot wear <input type="checkbox"/> Infected ingrown toe nail <input type="checkbox"/> Sensation of numbness/tingling/throbbing/burning ▶ Refer to Foot Care Provider: podiatrist or trained foot care nurse ▶ Foot exam every 4-6 months or as per assessed need		
		Managed by Primary Care
Moderate Risk Criteria - Loss of Protective Sensation at one or more of 5 identified sites, PLUS any of the following: <input type="checkbox"/> Prior history of Diabetic Foot Ulcer (ulcer in remission) and or amputation <input type="checkbox"/> Decreased range of motion at ankle or toe joint <input type="checkbox"/> Foot Deformities <input type="checkbox"/> Inadequate footwear requiring therapeutic/custom footwear <input type="checkbox"/> Altered structure ▶ Refer to High Risk Foot Team or local health care professional (recommended patient be seen within one month of referral)		
		Managed by High Risk Foot Team
High Risk Criteria - Patient presents with one or more of the following: <input type="checkbox"/> Blister, fissure or crack (bleeding or draining) and or hemorrhagic callus <input type="checkbox"/> Diabetic Foot Ulcer <input type="checkbox"/> Redness over structural deformity of the foot /toes related to pressure <input type="checkbox"/> Signs of arterial insufficiency (PAD; ischemia) cool skin with pallor, cyanosis or mottling, dependent rubor <input type="checkbox"/> One or more pedal pulses not palpable or audible <input type="checkbox"/> Inappropriate footwear causing pressure and/or skin breakdown Refer to: ▶ High Risk Foot Team or local health care professional(s) (recommend patient be seen within 2 weeks of referral) ▶ Infectious Disease for consultation if warranted ▶ Vascular Surgeon if appropriate ▶ Antibiotic therapy (Guided by Diabetic Foot Infection Guidelines in BUGS AND DRUGS 2012 or consult Infectious Disease) Managed by High Risk Foot Team		
Urgent Risk Criteria - Patient presents with one or more of the following : <input type="checkbox"/> Infection - draining Diabetic Foot Ulcer and /or wet gangrene <input type="checkbox"/> Red, hot, painful joint, or acute Charcot foot <input type="checkbox"/> Acute onset of pain in a previously insensate foot <input type="checkbox"/> Absent pedal pulses with cold white painful foot or toes ▶ Primary Provider Initiates antibiotic therapy guided by Diabetic Foot Infection Guidelines in BUGS AND DRUGS 2012 and/or consult Infectious Disease ▶ Offload the affected foot ▶ Refer to the appropriate health care provider based on the patient assessment findings (ie Foot and Ankle Surgeon, or Vascular Surgeon if absent pedal pulses on auscultation) ▶ May Require Acute Care Admission ▶ Refer to High Risk Foot Clinic once patient is stable and specialist referrals have been arranged		
Comments		
Date Faxed (dd-Mon-yyyy)	High Risk Foot Team	Signature