

LEAP FOOT SCREEN	Date:
Patient's Name (Last, First, Middle)	ID No.:

Fill in the following blanks with a "Y" or "N" to indicate findings on the right or left foot.

	R	L
Is there a history of a foot ulcer?	_____	_____
Is there a foot ulcer now?	_____	_____
Is there a claw toe deformity?	_____	_____
Is there swelling or an abnormal shape in the foot?	_____	_____
Is there elevated skin temperature?	_____	_____
Is there limited ankle dorsiflexion?	_____	_____
Are the toenails thick or ingrown?	_____	_____
Is there heavy callus build-up?	_____	_____
Is there foot or ankle muscle weakness?	_____	_____
Is there an absent pedal pulse?	_____	_____
Can the patient see the bottom of their feet?	_____	_____
Are the shoes appropriate in style and fit?	_____	_____

Indicate the level of sensation in circles:

- + = Can feel the 10 gram nylon filament
 - = Can't feel the 10 gram nylon filament



Draw in: Callus Preulcer Ulcer (note length/width/depth in cm.)
 and Label: Skin condition with R - Redness, D - Discoloration, M - Maceration, T - Tinea

RISK CATEGORY:

- _____ 0 No loss of protective sensation.
 _____ 1 Loss of protective sensation.
 _____ 2 Loss of protective sensation with either high pressure (callus/deformity), or poor circulation.
 _____ 3 History of plantar ulceration, neuropathic fracture (Charcot foot) or amputation.

Performed by: _____