



Date: \_\_\_\_\_

## Diabetic Shoe Prescreening

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

1. When were you diagnosed with diabetes? \_\_\_\_\_
2. Which type of diabetes do you have? **Type 1**  **Type 2**
3. How are you managing it? **Diet**  **Oral**  **Insulin**
4. Have you worn diabetic shoes before? **Yes**  **No** 
  - If yes, have you received a pair of diabetic shoes from any provider in this calendar year? **Yes**  **No**
  - If yes, from which provider? \_\_\_\_\_

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### Current Medical History

1. Do you have a history of any of the following?  
**Peripheral Neuropathy**  **Cardiovascular disease**  **Nephropathy**  **Retinopathy**  **Peripheral Vascular disease**
2. Any change in the foot or feet since the last evaluation? **Yes**  **No**   
 If yes, please describe: \_\_\_\_\_
3. Do you currently have any open ulcers, calluses, swelling and/or bunions on your feet?  
**Currently: Yes**  **No**  **History: Yes**  **No**   
 If yes, please describe: \_\_\_\_\_
4. Have you had any amputations on your toes or part of your foot?  
 If yes, please describe: \_\_\_\_\_
5. Have you experienced any muscle weakness in your legs?  
 If yes, please describe: \_\_\_\_\_
6. What is the name of the doctor who monitors your diabetes?  
 Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Websites of Diabetic Shoe Suppliers:

Ortho Feet: <https://www.orthofeet.com/>

Apis Footwear: <https://www.apisfootwear.com/>

Dr. Comfort: <https://www.drcomfort.com/>

Apex Footwear: <https://apexfoot.com/>

Anodyne: <https://www.anodyneshoes.com/>