



Appendix 6: Diabetes Foot Ulcer Assessment and Referral Form

Definition of an ulcer: A full thickness skin break at least to Grade 1 of the University of Texas Wound Classification System, occurring distal to the malleoli.

Patient Name:..... Patient Address:..... DOB:..... Phone No:..... Medical card/Long term illness card/neither Diabetes: Type 1 / Type 2	Date of latest HbA1c: IFCC mmol/l Medication: History of retinopathy/nephropathy/MI/CVA Smoker: Yes/No Anticoagulant Therapy: Yes/No GP Name:..... GP Address:.....
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1. Date foot wound(s) first detected: ____/____/____ 2. Location on foot please circle location of wound(s) on the diagram	Left Foot 	Right Foot 
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3. **Ulcer description** If there is more than 1 foot wound, please document each one separately on this form.

Wound 1	Wound 2
Approximate size of Wound: <10mm <input type="checkbox"/> 10-30mm <input type="checkbox"/> >30mm <input type="checkbox"/> Approximate size (mm) _____ Wound appearance: Granulation tissue <input type="checkbox"/> Slough tissue <input type="checkbox"/> Joint or bone detected <input type="checkbox"/> Tendon <input type="checkbox"/> Necrotic tissue <input type="checkbox"/> Purulent Exudate <input type="checkbox"/> Malodor <input type="checkbox"/> Cellulitis <input type="checkbox"/>	Approximate size of Wound: <10mm <input type="checkbox"/> 10-30mm <input type="checkbox"/> >30mm <input type="checkbox"/> Approximate size (mm) _____ Wound appearance: Granulation tissue <input type="checkbox"/> Slough tissue <input type="checkbox"/> Joint or bone detected <input type="checkbox"/> Tendon <input type="checkbox"/> Necrotic tissue <input type="checkbox"/> Purulent Exudate <input type="checkbox"/> Malodor <input type="checkbox"/> Cellulitis <input type="checkbox"/>

Texas Wound Classification

Grade	Definition	Stage
0	A pre- or post-ulcerative site that has healed	A) Clean wounds B) Non-ischemic infected wounds C) Ischemic non-infected wounds D) Infected ischemic wounds
1	Superficial wounds through the epidermis, or epidermis and dermis, that do not penetrate to tendon, capsule, or bone	
2	Wounds that penetrate to tendon or capsule	
3	Wounds that penetrate to bone or into the joint	

Wound 1 Ulcer classified as: Grade _____ Stage _____ Comments:	Wound 2 Ulcer classified as: Grade _____ Stage _____ Comments:
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4. **Further Information**

Is the wound(s) infected: Yes No If yes, is the patient on antibiotics for the wound(s) Yes No

To your knowledge has any other health professional reviewed/treated the wound(s): Yes No

If yes, please give details of whom and where (e.g. GP/nurse in local practice, doctor in A&E/Outpatient dept):

Printed Name	Position/Title	Work Location	Contact phone number

Signature: _____ Date: ____/____/____