NEUROPATHY SCREENING

Patient’s Name____________________________________________Date_____________________

Please take a few minutes to answer the following questions about the feeling in your legs and feet. Check the appropriate boxes based on how you usually feel. Thank you.

1. Do you have diabetes? Yes ☐ Type 1 ☐ Type 2 ☐ No
2. Do you have a Pacemaker? ☐ Yes ☐ No
3. Have you had seizures in the last six months? ☐ Yes ☐ No
4. Are your legs and/or feet numb? ☐ Yes ☐ No
5. Do you ever have any burning pain in your legs and/or feet? ☐ Yes ☐ No
6. Are your feet too sensitive to touch? ☐ Yes ☐ No
7. Do you get muscle cramps in your legs and/or feet? ☐ Yes ☐ No
8. Do you ever have any prickling feelings in your legs and/or feet? ☐ Yes ☐ No
9. Does it hurt when the bedcovers touch your skin? ☐ Yes ☐ No
10. When you get in the tub or shower, can you tell hot water from cold? ☐ Yes ☐ No
11. Have you ever had an open sore on your foot? ☐ Yes ☐ No
12. Has your doctor ever told you that you have diabetic neuropathy? ☐ Yes ☐ No
13. Do you feel weak all over most of the time? ☐ Yes ☐ No
14. Are your symptoms worse at night? ☐ Yes ☐ No
15. Do your legs hurt when you walk? ☐ Yes ☐ No
16. Are you able to sense your feet when you walk? ☐ Yes ☐ No
17. Is the skin on your feet so dry that it cracks open? ☐ Yes ☐ No
18. Have you ever had an amputation? ☐ Yes ☐ No

New Orleans Podiatry Associates
2626 Jena Street, New Orleans, LA 70115 t. 504.897.3627 f. 504.897.3339
3939 Houma Blvd, Bldg. 5, Ste. 217, Metairie, LA 70006 t. 504.457.2300 f. 504.897.3339
nolapodiatry.com nolapodiatry@gmail.com