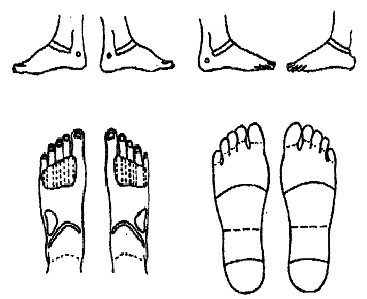
**FOOT CARE – CHARTING FORM**

|  |  |  |
| --- | --- | --- |
| **Community Name:** | **Client Name:** | **Date:** |

**Observations:**

Medial View Lateral View

Right LEFT Right LEFT



Corns

Calluses

Puffiness/swelling

Change in tissue texture

Unusual color or rashes

Dorsal (Top) View Plantar (Bottom) View

LEFT Right Right LEFT

Scars or past injuries

Current injuries & bruises

Bunions

Hammer toes

Ingrown nails

Warts

Other

**Comments:**

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| --- | --- |
| **Date** | Progress Note |
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