**FOOT CARE – CHARTING FORM**

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| **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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