

Name: _____ Date of initial fitting: _____

Check List for Fitting Diabetic Shoes (First Fitting)

1. Fill out the appropriate paper work.
 - A. Forms in prepared file. Copy all Insurance cards (front and back)
 - B. Prescription from Physician certifying that they are diabetic and will Benefit from diabetic shoes.
2. Make sure that the Patient qualifies for billing shoes to Medicare by checking one of the following criteria:
 - A. The patient has diabetes mellitus (ICD-9 Diagnosis codes 250.00-250.91)
 - B. The patient has one or more of the following conditions:
 1. Poor circulation in either foot.
 2. Foot deformity of either foot.
 - a. Bunions
 - b. Bunionettes
 - c. Hammer Toes
 - d. Other _____
 3. History of pre ulcerated calluses of either foot.
 4. History of foot ulceration
 5. Peripheral neuropathy with evidence of callus formation
 6. History of partial or complete amputation of the foot.
3. Do you check your blood sugar? _____
How often and what was it the last check? _____
4. List all complications that the patient has concerning the feet.

5. Note the extent of wear on the shoes they are wearing today.

Are they too tight? _____ If so, where? _____
6. Note callus locations on foot.

