



Dr. Edward Lang
Surgery of the Foot and Ankle

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.

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

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