

**SOCIAL ASSISTANCE CLIENTS ONLY
 DIABETIC FOOT/NAIL CARE APPLICATION FORM**

THE FOLLOWING 5 STEPS MUST BE COMPLETED BEFORE THIS APPLICATION CAN BE PROCESSED:

1. Applicant **must** complete **Client Information Section** and provide form to their Physician, Nurse Practitioner or Certified Diabetic Educator (CDE).
2. Physician, Nurse Practitioner or CDE **must** fill out **Section 1 & Part A & B** and return to client.
3. **Client must choose Foot/Nail Service Provider and provide them the form.**
4. Foot/Nail Care Service Provider **must** complete Section 2. (Note: **Vendor number is required**).
5. Completed form to be returned to:
Health Services Program
P.O. Box 5500, Fredericton, NB E3B 5G4
Fax: (506) 453-3960

TO BE COMPLETED BY THE APPLICANT

CLIENT INFORMATION SECTION

LAST NAME	FIRST NAME	DATE OF BIRTH
ADDRESS	CITY, TOWN	POSTAL CODE
TELEPHONE	S.D. HEALTH CARD #	


TO BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER OR CDE

SECTION 1: CONTACT INFORMATION - AUTHORIZED PRESCRIBER

PRESCRIBER NAME	SIGNATURE	TELEPHONE	DATE

ONLY MODERATE OR HIGH RISK QUALIFY FOR SERVICES UNDER THIS PROGRAM

PART A	EXAM FINDINGS	R	L	RISK
SKIN	Intact and Healthy			LOW
	Callous/corn			MODERATE
	Crack or fissure			HIGH
	Blister/Hemorrhagic callous			
	No-infected ulcers or skin breakdown			URGENT
	Infected, draining ulcers			
NAILS	Red, hot swollen foot/cellulitis			
	Normal, well kept, minimal discoloration			LOW
	Missing, sharp, unkempt, thickened, long or deformed			MODERATE
STRUCTURE ANATOMY	Infected, ingrown			HIGH
	Normal			LOW
	Bunion			MODERATE
	Hammer or claw toes			
	Overlapping digits			
	Limited mobility/range of motion at ankle or toe joint			
	Fallen Arch			HIGH
	Rocker bottom foot/stable Charcot foot changes			
	Previous amputation			
Any of the above abnormalities with redness over pressure areas				URGENT
Red, hot painful joint or acute Charcot joint "collapse"				

 mark + or - for sensation testing	Sensation	Normal sensation to 10g monofilament exam			LOW
		Subjective complaint of numbness, tingling, crawling or burning sensation			
		Absent sensation to 10 g monofilament exam at one or more sites (<i>callous may give false negative finding</i>)			MODERATE
		Pain or inflammation in a previously insensate foot			URGENT
VASCULAR		Normal pulses, Normal capillary refill			LOW
		Hair loss, spider veins, varicosities			
		Edema			MODERATE
		Leg muscle pain or fatigue on walking that is relieved by rest in minutes-			
		Cool skin with pallor or cyanosis			
		Reduced pulses			HIGH
		Dependent rubor			
		Gangrene			URGENT
FOOT CARE		Adequate foot care e.g. healthy skin, nails			LOW
		Inadequate foot care – needs education and/or assistance with foot care			MODERATE
		Grossly abnormal skin/nail – needs specialty care			HIGH
FOOTWEAR		Appropriate to accommodate foot shape			LOW
		Inappropriate e.g. worn out, too tight, too high			MODERATE
		Footwear causing pressure/skin breakdown			HIGH

PART B TIME FRAME OF MEDICAL ISSUE

Please indicate below if the patient's functional impairment/ condition(s) is expected to improve.

The client's foot/nail issue should improve within _____ (timeframe indicated).

The client's foot/nail issue is not expected to improve.

TO BE COMPLETED BY FOOT / NAIL CARE AUTHORIZED VENDOR

MAXIMUM ALLOWABLE BENEFIT IS \$45.00 EVERY 60 DAYS

SECTION 2: FOOT/NAIL CARE AUTHORIZED VENDOR DETAILS

BUSINESS NAME	VENDOR#	
ADDRESS	CITY, TOWN	POSTAL CODE
E-MAIL	TELEPHONE	FAX

FOR OFFICE USE ONLY

ADMINISTRATOR

NAME	PHONE
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APPROVED DATE
 REFUSED DATE SEE COMMENTS BELOW
 PENDING INFORMATION SEE COMMENTS BELOW

NOTES