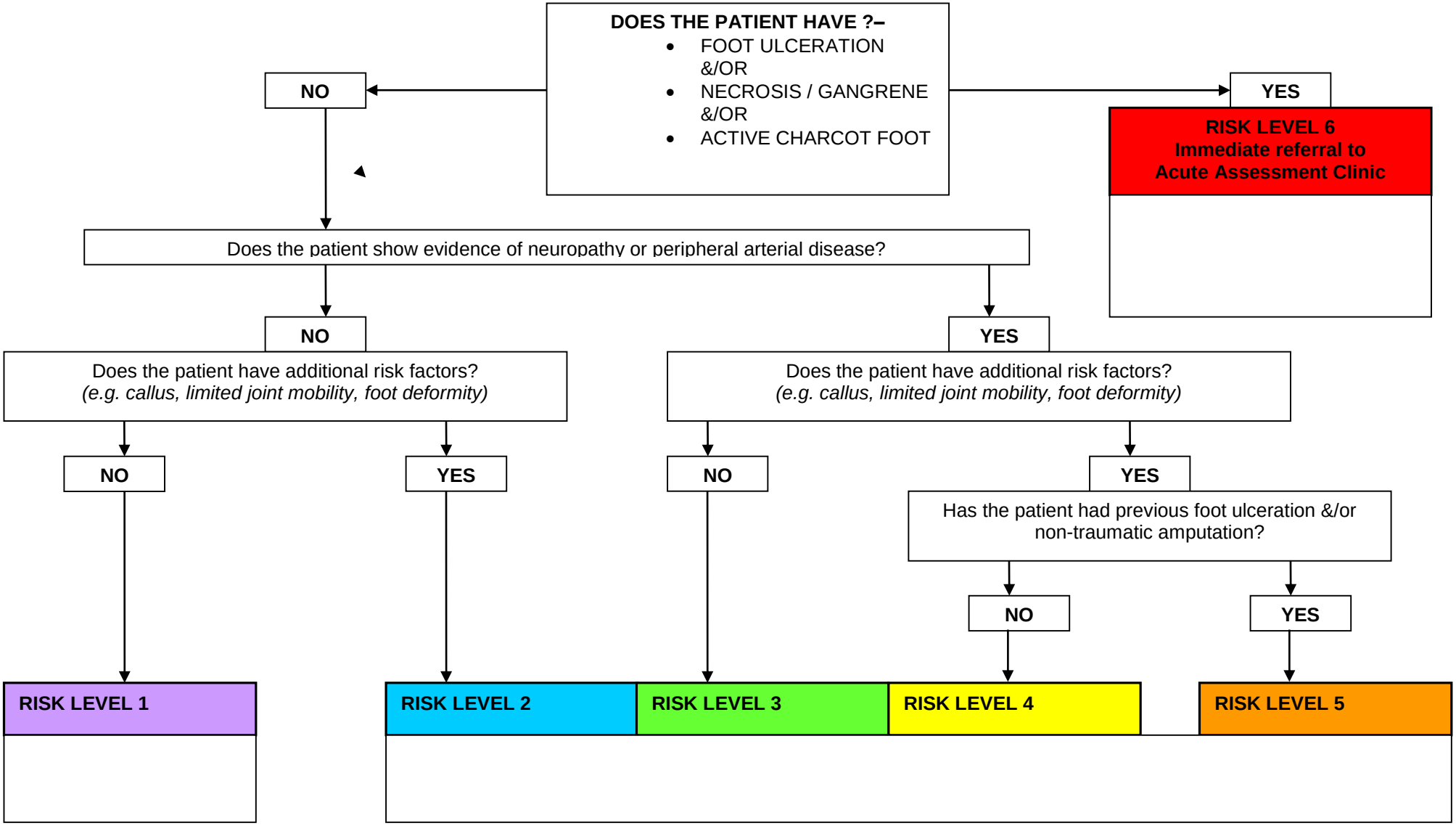
DOES THE PATIENT HAVE ?–
FOOT ULCERATION &/OR
NECROSIS / GANGRENE &/OR
ACTIVE CHARCOT FOOT
NO
YES
RISK LEVEL 6
Immediate referral to
Acute Assessment Clinic
Does the patient show evidence of neuropathy or peripheral arterial disease?
NO
YES
Does the patient have additional risk factors?
(e.g. callus, limited joint mobility, foot deformity)
Does the patient have additional risk factors?
(e.g. callus, limited joint mobility, foot deformity)
NO
YES
NO
YES
Has the patient had previous foot ulceration &/or non-traumatic amputation?
NO
YES
RISK LEVEL 1
RISK LEVEL 2
RISK LEVEL 3
RISK LEVEL 4
RISK LEVEL 5