

Daily Charting and Podortho® Foot Specialist Care Plan

PT. NAME

DATE

DAILY BIOLOGICAL INDICATOR

LOAD #

TIME

REQUIRED CARE:

☐ ICT ☐ M/FC ☐ HLLT ☐ LLLT ☐ CORN ☐ CALLOUS ☐ ING ☐ N/BRC

☐ ABI ☐ DFS ☐ W/C ☐ W//DRS ☐ COMPR ☐ ORTHO ☐ ORTHO/PEDS

OTHER _____

POD. FS. ASSESSMENTS

POD. FS. DX:

POD. FS. INTERVENTIONS:

OTHER

GENERAL PRACTITIONER'S NAME PRODUCTS USED DURING CARE:

REPORT DATE

PRODUCTS RECOMMENDED:

POD. FS. INTERVENTIONS:

☐ 1 wk. ☐ 2 wks. ☐ 4 wks.. ☐ 6 wks. ☐ 8 wks. OTHER:

IMAGES @ ICT @MTCE DATE:



☐ CALLOUS ☐ FISSURES ☐ CORN ☐ WOUND ☐ ING ☐ INFECTION ☐ WART ☐ FORIEGN OBJECT

OTHER

POD.FS.SIG:

ADMIN USE ONLY

PRODUCT PURCHASED:

PAYMENT METHOD:☐ V ☐ MC ☐ AMEX ☐ DEBIT ☐ E-TRANSFER ☐ CASH ☐ CHEQUE ☐ GFCT

AMOUNT \$: NEXT SCHEDULED VISIT:

STAFF SIGNATURE

DATE

LEGEND									
CT	INITIAL CONSULT & TREATMENT	LLLT	LOW LEVEL LASER THERAPY CORN, CALLOUS	ABI	ANKLE BRACHIAL PRESSURE INDEX	COMP	COMPRESSION	PS/DEB	PLANTAR SKIN DEBRIDE
MFC	MAINTENANCE FOOT CARE			DFS	DIABETIC FOOT SCREEN	ORTHO	ORTHOTICS	CAL/R	CALLOUS REMOVAL
HLTT	HIGH LEVEL LASER THERAPY	ING	INGROWN REMOVAL	W/C	WOUND CARE	ORTH/PEDS	ORTHOPEDIC SHOES	SC	SCALPEL
		N/BRC	NAIL BRACE	W/DSG	WOUND DRESSING	NC/F	NAIL CUT & FILE	GFCT	GIFT CERTIFICATE
						N/DEB	NAIL DEBRIDE		