

Date: __/__/____

Health Professional: _____

Organisation: _____

Date Kit was distributed: __/__/____



Foot Care Kit Evaluation Form

For the Client:

1. Have you used any of the products provided in the Foot Care Kit?

Yes No

2. Please tick the boxes below for the products you have read/used:

Diabetes Information Booklet Moisturiser Foot File

Betadine/Cotton Tips Band-aids/Cutiplast

3. Do you have a better understanding of how to look after your feet?

Yes No

4. Do you have any other feedback for us?

For the Podiatrist:

1. Do you think the Foot Care Kit has been useful for this client?

Yes No

2. Would you be happy to supply further Foot Care Kits for this client?

Yes No

3. Do you have any other feedback for us?
