

PATIENT NAME: _____

(FEET)

Sensory Severity Evaluation Toronto Scale 0 – 10

Nitric Oxide Test Strips = _____ Depleted _____ Low _____ Optimal

DATE	/ /		/ /		/ /		/ /		/ /		/ /	
	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT
Cold Sensation (Frozen Peas)												
Pinwheel												
Hot Sensation (Hair Dryer)												
Vibration (Tuning Fork)												
Cool Sense (Butter Knife)												
Medi-pin												
10 g Monofilament (5 areas)												
RESULTS	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss

(HANDS)

Sensory Severity Evaluation Toronto Scale 0 - 10

DATE	/ /		/ /		/ /		/ /		/ /		/ /	
	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT
Cold Sensation (Frozen Peas)												
Pinwheel												
Hot Sensation (Hair Dryer)												
Vibration (Tuning Fork)												
Cool Sense (Butter Knife)												
Medi-pin												
10 g Monofilament (5 areas)												
RESULTS	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70	___/70
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss	% loss