

Foot care for people with diabetes

People with diabetes have to take special care of their feet. You should have a comprehensive foot exam by your doctor every year. Have your feet examined during every visit if you have problems with your feet, like loss of feeling, changes in the shape of your feet, or foot ulcers. This page shows some more things you can do on your own every day to keep your feet healthy.

Wash your feet in warm water every day. Test the water with your elbow to make sure that it is not too hot.



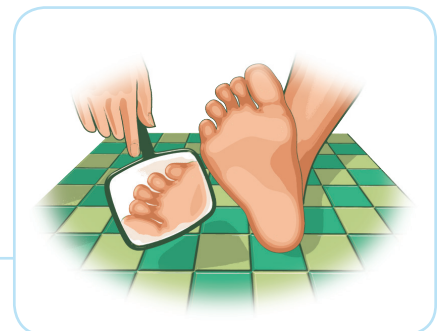
Dry your feet well, especially between the toes.



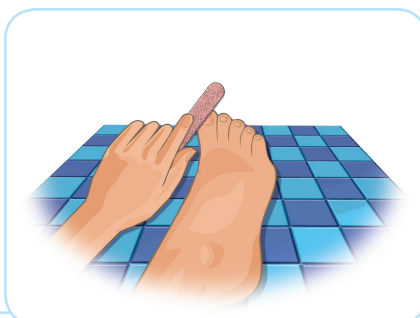
Keep the skin soft with a moisturizing lotion, but do not apply it between the toes.



Inspect your feet every day for cuts, sores, blisters, redness, calluses, or other problems. If you cannot see well, ask someone else to check your feet for you. Report any changes in your feet to your diabetes care team right away.



Ask your diabetes care team or your podiatrist (foot specialist) how you should care for your toenails. If you want to have a pedicure, talk with your team about whether it is safe for you.



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To avoid blisters, always wear clean, soft socks that fit you. Do not wear socks or knee-high stockings that are too tight below your knee.



Always wear shoes that fit well. Break them in slowly.



To avoid injuring your feet, never walk barefoot indoors or outdoors.



Before putting your shoes on, feel the insides for sharp edges, cracks, pebbles, nails, or anything that could hurt your feet. Let your diabetes care team know right away if you injure your foot.



For more information, visit
Cornerstones4Care.com

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Your diabetes, your way.

Support and diabetes management tools built around you.

Enroll today to get **FREE**, personalized diabetes support with **Cornerstones4Care®**.



Diabetes Health Coach

An online program that builds a customized action plan around your needs to help you learn healthy habits



Meal Planning Tools

Create tasty, diabetes-friendly meals



Interactive Trackers

Record A1C, weight, and blood sugar numbers

Enrolling is easy. Just complete this form.

All fields with asterisks (*) are **REQUIRED**.

* I have diabetes or I care for someone who has diabetes

* First name _____ * Last name _____ MI _____

* Address 1 _____

Address 2 _____

* City _____ * State _____

* ZIP _____ * Email _____

* Birth date mm/dd/yyyy ____ / ____ / ____

* What type of diabetes do you or the person you care for have?
(Check one)

Type 2 Type 1 Don't know

* What type of diabetes medicine has been prescribed? (Check all that apply)

Insulin GLP-1 medicine
 None Other
 Diabetes pills (also called oral antidiabetic drugs, or OADs)

* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: _____

How long has this product been taken?

Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

Product 2: _____

How long has this product been taken?

Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

Review and complete below.

* Phone number:

(_____) _____ - _____

* Cell phone number:

(_____) _____ - _____

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* Signature (required) _____

* Date (required) _____
mm/dd/yyyy

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2. Email the completed form to C4Csignup@hartehanks.com
3. Call 1-888-825-1518 and follow the voice prompts

