ORTHOTIC & CHIROPODY INTAKE FORM

Name: ______________________ Male ________ Female ________

Date of Birth: ______________ Height: ________ Weight: ________ Shoe Size: ________

Address: ______________________________________

Are you Diabetic? Yes: ________ No: ________ Do you have Arthritis? Yes ________ No ________

Main Problem/Complaint/Area of Soreness:

Toes ________ Balls of Feet ________ Tops of Feet ________ Ankle ________ Arches ________ Heels ________

Shins ________ Calves ________ Knees ________ Hip ________ Lower Back ________ Other ________

Have you had orthotics before? Yes? ________ (How Long Ago?) ________ No ________

Do you still wear them? Yes? ________ No? ________ (If No, why not?) ________________

How long have you had the pain or discomfort? ______________________

What makes the pain/discomfort worse? ______________________

What gives you relief? ______________________

Have you had any footwear changes, take on a new job, or enter an athletic program that now requires more standing and walking? Yes ________ No ________

What "time of day" is the pain worse? (Circle): Morning ________ Mid-day ________ Evening ________

Are you seeing anyone now for the pain/discomfort? Yes ________ No ________

(If yes, what type of practitioner) ______________________

What "type of shoes" do you wear 60% or more of the day? (Circle One)

Running Shoes ________ Safety Steel-toed Shoes/Boots ________ Dress Shoes ________

High Heels ________ Slip-ons ________ Sandals ________ Slippers ________ Other ________

I agree and consent to be seen and assessed by the Chiropodist:

Signature: ______________________________

(If under 16, Parental Signature and Consent) ______________________

Date: ______________________