PATIENT'S ORTHOTIC INFORMATION

Please Print

PERSONAL INFORMATION **DATE:**_______________

Name_________________________________

Address_____________________________ **City**_______________ **State**_____________ **Zip**________

Age_________ **Birth Date**_______________ **Height** ___*ft*_____*in* **Weight**_______*lbs*

Gender *(Please Circle)*

Male or Female

SHOE INFORMATION

Shoe Size *(The shoe the orthotic is going in to)* ________ **Shoe Width** *(Please Circle)*
(Medium is Considered Normal Width)

X- Narrow
Narrow
Medium*
Wide
X-Wide

Shoe Style *(Please Circle– If More than one circle the top 3 styles of shoes you normally wear)*

Dress with 1 or Less	**Dress with 2 Heel or Less**	**Clog**
Athletic with Lace	**Dress without Lace**	**Casual with out Lace**
Sandals	**Work Boots**	**Dress with Lace**
Casual with Lace	**Athletic Cleats**	**Western**

Patient Activity Level *(Please Circle)*

Intense **Moderate** **Lite**

Has Patient Ordered Foot Levelers in the last 2 years *(Please Circle)* **Yes or No**

Do You Suffer From? *(Please Check Below)*

L	R	
☐	☐	Neck pain
☐	☐	Low Back pain
☐	☐	Hip pain
☐	☐	Knee pain
☐	☐	Lower Leg pain
☐	☐	Ankle pain
☐	☐	Foot pain
☐	☐	

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Great Health Chiropractic
The Journey To Great Health Starts with Us
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