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**________

Shoe Style *(Please Circle)*

Athletic (Laces)	**Loafer** (No Laces)	**Heels** (1-2 inches)	**Work Boots**	**Hiking Boots**

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	
☐	☐	Ball of foot or toe pain
☐	☐	Arch pain
☐	☐	Heel pain
☐	☐	Lower leg pain
☐	☐	Knee pain
☐	☐	Hip pain
☐	☐	Lower back pain
☐	☐	Postural imbalance

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Great Health Chiropractic
The Journey To Great Health Starts with Us

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