

FOOT ANALYSIS

Name: _____

Date: _____

Phone Number: _____ Type of Work: _____ Date of Birth: _____

Shoe Size: _____ Weight: _____ (lbs) Any major health concerns: (Diabetes, Heart Condition, etc.) _____

If you have foot pain please mark where it is on the diagrams below:

Top of Feet:



Bottom of Feet:



| Office Use Only | | | |
|--|---------------|--------------|------------------|
| Arch Height off Wt. Bearing | High | L O | R O |
| | Medium | O | O |
| | Low | O | O |
| Arch Height Wt. Bearing | High | O | O |
| | Medium | O | O |
| | Low | O | O |
| Subtalar Joint Range of Motion | Loose | O | O |
| | Normal | O | O |
| | Restricted | O | O |
| Relaxed Calcaneal Position | Inverted | O | O |
| | Vertical | O | O |
| | Everted | O | O |
| First Ray Motion | Flexible | O | O |
| | Normal | O | O |
| | Rigid | O | O |
| First Ray Position | Dorsiflexed | O | O |
| | Normal | O | O |
| | Plantarflexed | O | O |
| Hallux Limitus Hallux Abducto Valgus | None | _____ | _____ |
| | Mild | O | O |
| | Moderate | O | O |
| | Severe | O | O |
| Ankle Dorsiflexion Gait Pattern Digit Position | O In Toe | O Out Toe | O Straight |
| | O Straight | O Contracted | O Specific _____ |

Do you have foot pain? If yes, during what activities: _____

Do you have? (please circle) Calluses Hammer Toes Corns Bunions Other _____

Do you have? (please circle) Ankle Pain Hip Pain Knee Pain Low Back Pain Other Pain _____

Have you ever had foot surgery? If yes please describe: _____

Are you interested in purchasing orthotics? Yes / No (please circle) If yes continue form

What shoes are the orthotics for: (please circle) Dress Shoe Work Boot Running Shoe Sandal Other _____

Are you interested in purchasing shoes as well? Yes / No (If so, please discuss with staff)

Do you have insurance that will cover orthotics and/or stock modified orthopedic shoes? Yes / No If yes, continue form

Insurance related questions

What is the name of your insurance company? _____

Do you have your prescription from your family doctor? Yes / No

What is your family doctor's name? _____ Phone number: _____

Price List:

- Foot and or gait analysis: \$55.00
- Orthotic inserts: \$450.00
- Stock Modified Orthopedic Shoes: \$550.00
- Stock Modified Orthopedic Work Boots: \$600.00