

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Please circle your answer)

1. What is your chief complaint? \_\_\_\_\_

2. Do you have discomfort? Yes No

If so, where? Muscles, Calves, Ankles, Arches, Toes, Knees,  
Other \_\_\_\_\_

If so, when? A.M., P.M., during or after athletic activity,  
Other \_\_\_\_\_

3. How would you describe the contour of your arch while sitting?

High Medium Low

Is there a change when standing? Yes, No. If so, High, Medium, Low

4. How would you describe your flexibility in general? Excellent, Good, Fair, Poor

5. How would you describe your flexibility in the ankle area? Excellent, Good, Fair  
Poor

Lying flat on your back with your knees straight, can you raise your leg in the air  
one at a time without pain? Yes, No

Can you flex your ankle past a 90° right angle by bringing your toes toward your  
head keeping your knee straight? With ease, With pain, Not possible.

Any increase with the knee bent? Yes, No

6. Is your foot outline Wide, Average, Narrow?

7. If any toes are contracted (stay bent) can they be manually straightened?  
Yes, No

8. Do any toes have corns or sensitive skin areas on them? Yes, No.
9. Do any toe nails ever fall off from banging on the inside of the shoes? Yes, No.
10. Do your shoes fit snugly, loosely, just right?
11. Is there a sock liner and can the liner be removed from the inside of the shoe?  
Yes, No
12. Do your ankles bother you? Yes, No. If yes, Left, Right, Both.
13. When you stand, do your ankles stay in the same position or do they roll inward?  
If yes, Mild, Medium, Excessive.
14. Do your knees bother you? Yes, No. If yes, in what way?\_\_\_\_\_
15. Do you have low back pain? Yes, No.
16. Is one leg longer than the other? Yes, No. If yes, by how much?\_\_\_\_\_
17. Are your shins (lower leg) straight or bowed?
18. Do you suffer from pain in your shins? Yes, No. If yes, when?\_\_\_\_\_
19. Do you suffer from pain in your heels? Yes, No. If yes, when?\_\_\_\_\_
20. Have you suffered any injuries to your legs or feet such as fractures, sprains, surgery, etc? If so, describe.\_\_\_\_\_

Results now: pressure spots, soreness, hard skin sites, numbness, or tingly in feet, toes, legs, other \_\_\_\_\_

21. Trace liner of shoes and send back with questionnaire.
22. Write down shoe size, style, and type of shoe for Custom Molded Orthotic.