

# Custom Orthotics, Inc.

## ORTHOTICS DATA SHEET

Client's name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_ Shoe Width (circle one) N/M/W

Shoe types orthotics will be worn in:

(Circle all that apply)

Dance      Dress      Sandals      High Heels  
 Athletic      Work Boots      Casual      Slip On

Are you diabetics?                      Y / N                      If so what type? 1 or 2  
 Do you wear rigid orthotics now?      Y / N  
 Does your job require long  
 periods of walking or standing?      Y / N

(Mark painful areas on the diagram)

### Indicate Painful Areas - With Out Wearing the Orthotics

- Arches
- Heels
- Balls of Feet
- Big Toe Joint
- Dorsum (top of foot)
- Ankles
- Knees
- Hips
- Low Back
- Neck

L	R
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



- |   |   |
|---|---|
| 1. GATE   | Pronation / Supination  |
| 2. FOOT TYPE  | Rigid / Flexible / Boney / Chubby / Muscular  |
| 3. HEELS  | Narrow / Normal / Wide  |
| 4. ARCHES (Weight Bearing)                          | Very High / High / Medium / Low / Flat  |
| 5. MET HEADS  | Bunions L / R    Tailors Bunions L / R  |
| 6. TOES   | Hammer / Mallet / Corns / Crossover toes  |
| 7. CHRONIC CONDITIONS<br>(diagnosed by a physician) | Plantar Fasciitis / Archilles Tendonitis / Sciatica / Neuromas / Hallux Rigidus /<br>Foot Neuropathy / Edema (swelling) / Arthritis |

Comments: Describe any prior foot surgeries: