

Biomechanical Evaluation

Patient Information

Name _____ Date of Birth _____ Today's Date _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 Sex Male Female Age _____ Height _____ Weight _____
 Occupation _____

Injury and Condition History

Date	Injury/Condition	Surgery

Shoe Preference and Fit

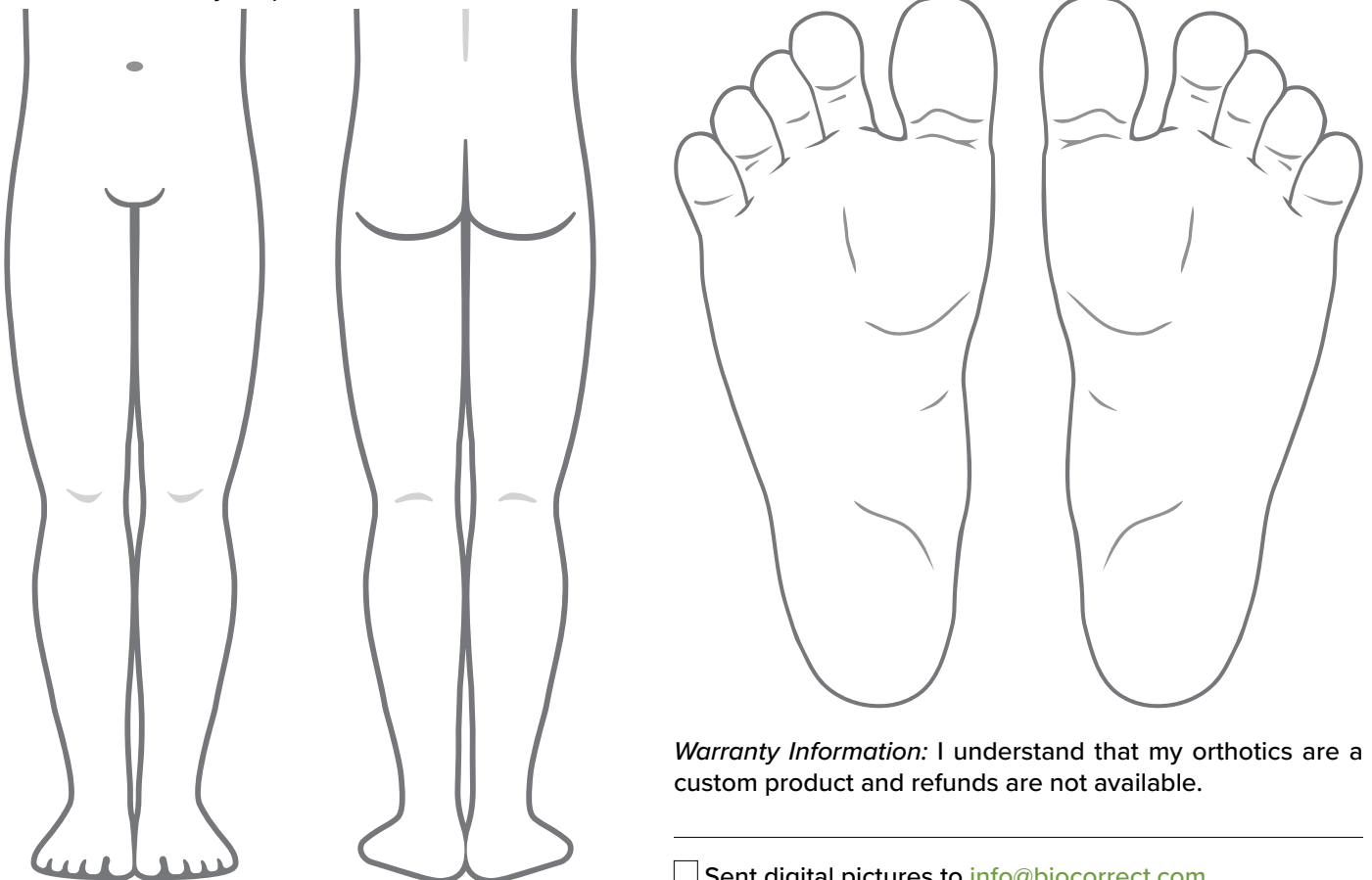
Athletic Shoe Size _____
 Brand _____
 Dress Shoe Size _____
 Brand _____
 Casual Shoe Size _____
 Brand _____

Activity

Current Activity/Sport _____
 Do you have a length discrepancy? Yes No Unknown Short Right _____ Short Left _____

Pain

Please indicate where your pain is on the illustrations below



Warranty Information: I understand that my orthotics are a custom product and refunds are not available.

Sent digital pictures to info@biocorrect.com