

HEALTHY FEET & ORTHOTICS

Name: _____ Age: _____
 Phone (Home): _____ Phone (work): _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Email: _____
 Occupation: _____ # of Hours/Week currently working: _____
 Amount of Orthotic coverage: _____ D.O.B.: _____
 Is an Orthotic Prescription Required? Explain: _____

CHECK ANY OF THE FOLLOWING BODY SIGNALS YOU HAVE EXPERIENCED IN THE PAST 6 MONTHS AND CIRCLE LEFT AND/ OR RIGHT.

- | | | |
|---|---|---|
| <input type="checkbox"/> Ball of Foot or Toe Pain | <input type="checkbox"/> Hip Pain | <input type="checkbox"/> Pain Between Shoulder Blades |
| <input type="checkbox"/> Arch Pain | <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Tired/Fatigued |
| <input type="checkbox"/> Heel Pain | <input type="checkbox"/> Postural Imbalance | <input type="checkbox"/> Tension/Headaches |
| <input type="checkbox"/> Lower Leg Pain | <input type="checkbox"/> Numb/Tingling Feet | <input type="checkbox"/> Neck Pain |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Ankle/Foot Pain | <input type="checkbox"/> Difficulty Sleeping |

PLEASE PROVIDE THE REQUIRED INFO FOR AN ACCURATE COMPUTERIZED FOOT SCAN

Height _____ ft. _____ in. Weight _____ lbs.

Shoe size _____ Shoe Width _____

Activity level: Intense Moderate Light

What type of shoes do you wear: Athletic Loafer Heels

DOES THIS CAUSE YOU TO BE:	DOES THIS AFFECT YOUR WORK:	DOES THIS AFFECT YOUR LIFE:
<input type="checkbox"/> Moody <input type="checkbox"/> Irritable <input type="checkbox"/> Restricted on Daily Activities	<input type="checkbox"/> Poor Attitude <input type="checkbox"/> Decreased Productivity <input type="checkbox"/> Exhausted at End of Day <input type="checkbox"/> Unable to Work Long Days	<input type="checkbox"/> Restricted Household Duties <input type="checkbox"/> Hinders Ability to Exercise or Participate In Sports <input type="checkbox"/> Interferes with Ability to Participate in Hobbies or Other Desired Activities

Barnes Family Chiropractic
 21-620 Davenport Rd. Waterloo ON N2V 2C2 519-725-4242
 1204 Queen's Bush Road Wellesley ON 519-656-9292