



Name			Social Security#			Date		
Birth Date		Age	Sex M F	Marital Status M S D W P		# of children		
Address								
City			State			ZIP		
Cell Phone								
E-Mail Address					Height		Weight	
Company Name				Occupation				
Work Type	Office/Clerical	Light Labor		Moderate Labor		Heavy Labor		
Spouses Name				Emergency Contact				

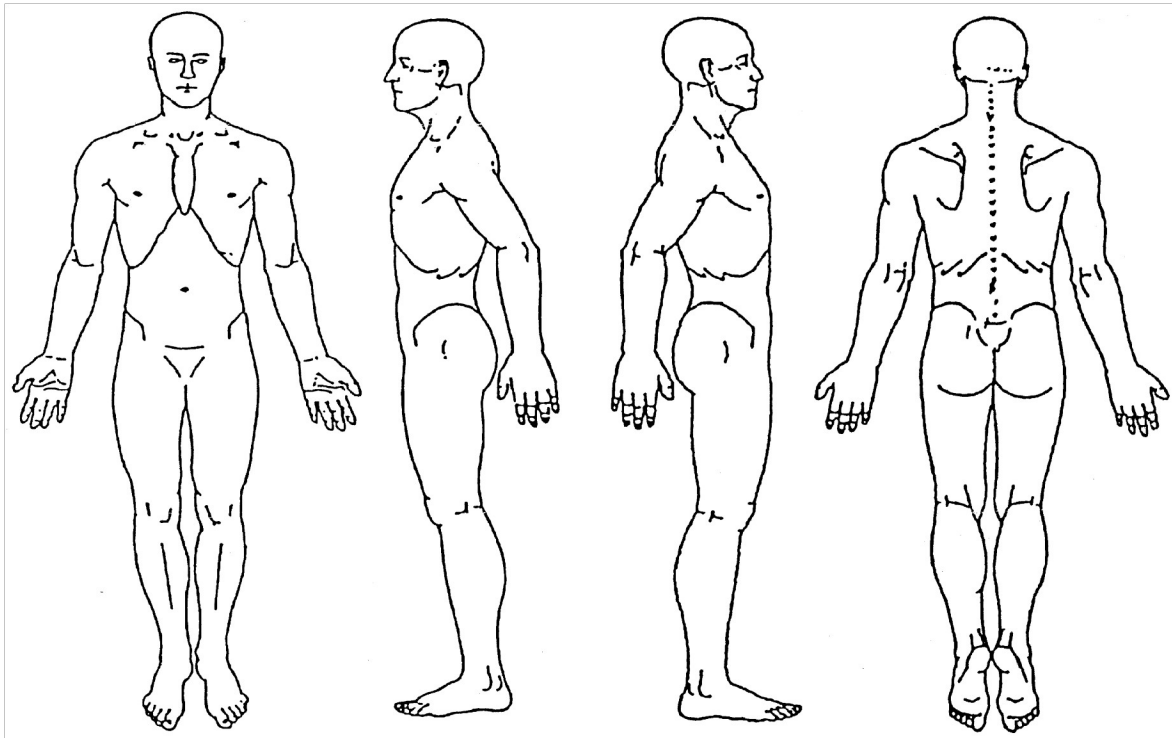
Health is a combination of many good habits and minimizing bad habits.

Please take a moment and let us know how we can better help you.

1. When did your foot pain start? \_\_\_\_\_
2. On a scale of 0-10 how much pain are you in?     0-1-2-3-4-5-6-7-8-9-10 worst
3. Were you in any type of accidents or injuries? If so please describe \_\_\_\_\_  
\_\_\_\_\_
4. Do you go bare foot a lot? Does it make you worse? Yes No
5. Does your foot swell? Yes No Does ice help? Yes No
6. Do you have any X-Rays or MRI's with a report of your feet? Yes No
7. Have you had any hip or lower back issues? Yes No
8. Do you wear orthotics? (shoe inserts) Yes No
9. Do you have arthritis? Yes No If so what type? \_\_\_\_\_
10. What sports did you play?  
\_\_\_\_\_
10. What medications are you on? \_\_\_\_\_
11. How often do you exercise and what type? \_\_\_\_\_
12. Have you had any foot surgeries? If yes what type Yes No \_\_\_\_\_
13. Do you have any numbness or tingling in the feet? Yes No
14. Are you diabetic or prediabetic? Yes No

Use the picture below to illustrate your areas of pain, spasm, tingling, or concern.

Make an **X** where you have pain, **N** where there is numbness or tingling



I understand that all examinations, treatments and supplies are to be paid for as they are rendered or specific financial arrangements made in advance. There is a charge for missed appointments without a 24 hour notification.

**HIPAA ACKNOWLEDGEMENT OF RECEIPT**

No information regarding our patients is shared or distributed with any other person or organization without the patient's signed authorization. Your signature below acknowledges receipt of our privacy policy information statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date