

La Barbera Family Chiropractic, LLC
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Today's Date: _____

CUSTOM FOOT ORTHOTIC QUESTIONNAIRE

Name: _____ Age: _____ Birth Date: _____ Acct #: _____

Height: _____' _____" Weight: _____ lbs. Shoe Size: _____ Width: _____ (Letter or Describe)

Occupation / Work Activities: _____

Leisure / Sport Activities: _____

Types of Shoes Worn: Sneaker Oxford (lace) Work Boot Loafer Pumps Nursing
 Heels <1" Heels >1" Golf Ski Skates Sandals Clogs Cowboy Boots

What foot ware do you mainly wear / want orthotics for? _____

Level of Daily Physical Stress on Your Body: Light Moderate Heavy Competitive Athletics

Do You Have Heel Spurs? No Yes Do Your Feet Sweat Significantly? No Yes

Do Your Feet Get Wet With Work or Sports ? No Yes Do You Have Low Back Pain? No Yes

Do You Have Arthritic, Sensitive, Diabetic or Tender Feet? No Yes

Do You Have Shin Splints Left Right Do You Have Knee Pain Left Right

Main Health / Back / Foot Complaints (if any):

DOCTORS USE ONLY

ALL L _____ R _____ L _____ R _____ -- Add _____ To The L R

Foot Flare: Wt. Bearing: WNL L R Internal L R External L R
Non Wt. Bearing: WNL L R Internal L R External L R

Knee Rotation: WNL L R Internal L R External L R

Arches: WNL L R Flat L R Low L R High L R

Pelvic Unleveling: ___Level ___Low Left ___Low Right LBR: 0 L R

Achilles Bow: WNL L R Internal (Pro) L R External (Sup) L R

Style of Orthotic(s) Selected? _____

Total Number of Pairs of Orthotics Ordered? _____ (1) Retail Cost Each \$ _____

(2) Retail Cost Each \$ _____ Total Cost \$ _____

Down Payment \$ _____ Date Scanned _____ by _____

Date Received _____ Demonstrated by _____ on _____
