

FOOTSCAN QUESTIONS

Name:

DOB:

Height (cm):

Weight (kg):

Shoe Size:

Shoe Width: Small Normal Wide

Activity level: Intense Moderate Light

Have you had orthotics in the past 2 years? Yes No

Have you ever had rigid orthotics? Yes No

Have you ever had pain in the following?

Left Side	Right Side	Questions
		Ball of foot or toe pain
		Arch Pain
		Heel Pain
		Lower Leg Pain
		Knee Pain
		Hip Pain
		Lower Back Pain