



Test your need for Orthotic Support and Foot Leveler Analysis

We offer our patients a complimentary Foot Leveler Scan to determine the need for orthotics.

Patient Name: _____

Occupation/Activity: _____

Date of Birth: _____ Height: _____ Weight: _____

Shoe Size: _____ Shoe Width: (circle one) Narrow // Wide // Normal

Shoe Type (check all that apply): *Athletic (laces)*
 Dress (1-2" heel)
 Casual (no laces)
 Other: _____

1) My activity level is: Intense Moderate Light

2) My arches are:
Left: Normal Flat High

Right: Normal Flat High

3) Ball Foot Pain Left Right

4) Arch Pain Left Right

5) Heel Pain Left Right

6) Lower Leg Pain Left Right

7) Knee Pain Left Right

8) Hip Pain Left Right

9) Lower Back Pain Left Right

10) Postural Imbalance Pain Left Right