



ADVANCE TECH ORTHOTICS

PMB 313 • 2916 Bucklin Hill Road • Silverdale, WA 98383 • 360-307-0890

ORTHOTICS DATA SHEET

Referred By _____

Client Name _____ Date _____

Address _____ Email _____

City _____ State _____ Zip _____

Phone _____ Sex M / F Dancer YES / NO

Age _____ Height _____ Weight _____ Shoe Size _____ Shoe Width _____ Occupation _____

Are you diabetic? [YES - type 1 or 2 / NO] (circle)

Have you worn custom made orthotics? [YES / NO] How long? _____

Do you wear orthotics now? [YES / NO]

If you currently wear orthotics, what kind? ☐SOFT (cork, foam, leather) ☐SEMI-RIGID (any) ☐RIGID





If yes, are they prescription? [YES / NO]

Circle any of the following that apply (diagnosed by a physician):

- Plantar Fasciitis (heel spurs)
- Chronic Edema (swelling)
- Limited range of foot motion from disease or surgery (provide brief description)
- Bunions
- Achilles Tendinitis
- Neuromas
- Arthritis
- Shin Splints,
- Hammer Toes

Describe any recent surgery or accidents.

Comments and Symptoms: _____

		L	R
Indicate Painful Areas WITHOUT Orthotics	 <input type="checkbox"/> Left	Arches	_____
		Heels	_____
		Ankles	_____
		Legs	_____
		Knees	_____
		Hips	_____
		Low Back	_____
		Shoulders	_____
		Neck	_____
			 <input type="checkbox"/> Right
Indicate Painful Areas WITH Orthotics	 <input type="checkbox"/> Left	Arches	_____
		Heels	_____
		Ankles	_____
		Legs	_____
		Knees	_____
		Hips	_____
		Low Back	_____
		Shoulders	_____
		Neck	_____
			 <input type="checkbox"/> Right