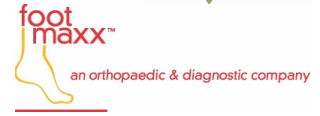




A Total Approach to Health and Wellness



## FOOT HEALTH HISTORY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ PC \_\_\_\_\_ Birthdate: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Foot Size: \_\_\_\_\_ Width:  narrow  medium  wide

What type of shoes do you wear most frequently? \_\_\_\_\_

When were your last orthotics made? \_\_\_\_\_

### Foot Health History:

1. Do you feel pain or fatigue in your  feet  knees  hips  low back?

2. Is your pain/fatigue  occasional  regular  constant?

3. Which activities increase your pain/fatigue? \_\_\_\_\_

4. How many days of work have you missed in the past year due to the pain/fatigue? \_\_\_\_\_

5. Which activities best describe your workday?

sitting  standing  walking  stair climbing    lifting:  0-29lbs  30-74lbs  75+lbs

6. Check off any of the following foot problems (current or past):

calluses  corns  flat feet  bunions  hammer toes  heel spurs

neuroma  ulcers  none  other \_\_\_\_\_

7. Do you have:  diabetes  osteoarthritis  rheumatoid arthritis?

8. Have you ever had foot surgery?  Yes  No

If yes, please explain: \_\_\_\_\_

9. Do you have any foot deformities or other relevant conditions not already mentioned above?

Yes  No    If yes, please explain: \_\_\_\_\_

**Staff Only:**  
Ritz Stick Measurements:    length \_\_\_\_\_    width \_\_\_\_\_