

Foot Levelers Questionnaire

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Shoe Size: _____

Shoe Width (Circle One): Narrow Normal Wide

Types of Shoes (Circle all that apply):

Loafer Sneaker 1" Heel 2" Heel Other (please write in space below)

Activity Level (Circle One): Intense Moderate Light




Areas of Pain, Please Check all that apply:

| | Right | Left |
|---|-------|------|
| Arch Pain | | |
| Heel Pain | | |
| Ankle Pain | | |
| Knee Pain | | |
| Hip Pain | | |
| Lower Back Pain | | |
| Neck Pain | | |
| OTHER | | |
| (please write your notes in the blank to the right) | | |

Is there anything else we should know pertaining to your foot or health challenges/goals?
Please write in the space below.

Winterbottom Family Chiropractic

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