

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

Brickworks Office Park
5429 Harding Hwy., Suite 201
Mays Landing, NJ 08330
609-625-2006

FootLevelers.com |   
800.553.4860

