

Date:

Name:

Dr. or person referring you:

Questions regarding your Foot Condition

- ❖ Where is the problem? For example, toe, arch, heel, ball of foot... R or L
  
- ❖ When did it first occur? How many days/weeks/months ago?
  
- ❖ Please describe the pain? Please circle : Sharp          Burning          Deep Ache  
Dull Ache          Numbness          Shooting pain  
or in your own words.....
  
- ❖ How long does the pain last? For example, minutes, ½ day, all day, etc...
  
- ❖ What makes the pain better? Eg. Staying off of it?          Certain shoes          Medications?  
Pads/inserts?
- Other: \_\_\_\_\_
  
- ❖ What makes the pain worse?  
Eg. Specific activities – walking, gym, etc...  
Certain shoe gear?  
Being on it?
  
- ❖ For this problem TODAY, what treatment has been provided by YOU OR ANOTHER healthcare provider?