## Feet Balance Orthotics, Pedorthics Client Information

Date:	oate: Name:				
		First		ast	
Age: M	<u> </u>	<u>lbs</u> Ht:	SI	noe Size:	
Address:Street					
City		State		Zip	
Ph #:		E-mail:			
Occupation:					
Condition			OFFICE US	E ONLY	
☐ Hammer-Toes	Bunion				
☐ Plantar Fasciitis	Neuroma				
Heel Spur	Callus				
O Legs	Ulcer				
X Legs	Other				
		Shell FA	BA Lgth m	m Width mm	
Are You Being 7	Treated For:	MLAH LLAH	Dcrmnt N	lat Arch	
Diabetes	Arthritis	L		Callus/Numbness	R
Activities: (Appl	y All)				
Walking	Running		2999	D CAR	30
Aerobics	Golf		Y Y	7	Y
Tennis	Baseball				
Basketball	Soccer			′	
Skiing	Dancing	9 9		. 1	
Weightlifting	Skating				

www.feetbalanceorthotics.com

360.762.5227

Inna Chon
Pedorthist