







Connecting to Wellness

www.connectingtowellness.com
"Improving Your Health with Your Small Group"

REQUIRED INFORMATION FOR FOOT SCAN

Name: _____

Date: _____

	Normal	Pronated	Supinated	
To be filled out by Doctor	Normal Arch and Straight Achilles Tendon	Flat Arch and Inward Bowing Achilles Tendon	High Arch and Outward Bowing Achilles Tendon	To be filled out by Doctor
				
				
	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	

Please fill out information below:

Activity Level: Intense Moderate Light
(circle)

DOB: ____MM____DD____YYYY

Gender: M F

Height: ____ ft ____ inches

Weight: ____ lbs

Shoe Size _____

Shoe Width: Narrow Medium Wide
(circle)

Type of Shoes Worn: Athletic Dress w/out laces Pumps
flat w/out laces heel up to not over 1" heel up to not over 2"
(fill out as many as apply)
(circle)

Circle foot or feet that apply to you:

Ball of Foot or Toe Pain	L	R
Arch Pain	L	R
Heel Pain	L	R
Lower Leg Pain	L	R
Knee Pain	L	R
Hip Pain	L	R
Low Back Pain	L	R
Postural Imbalance	L	R

For Prices and Product Reviews of Foot Levelers' Stabilizers Check out a Catalog at Rivertown Chiropractic or go to www.connectingtowellness.com Wellness Category: Feet-Arches