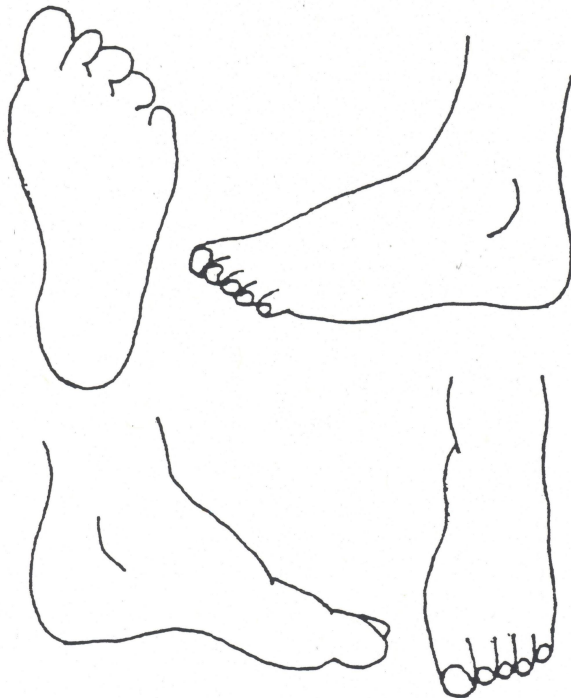


RIGHT FOOT



LEFT FOOT



NAME _____
ADDRESS _____
CITY _____ POSTAL CODE _____
PHONE NO. _____ M F _____
DATE OF BIRTH _____ AGE _____
EMAIL _____

HEALTH HISTORY

Diabetes _____ Heart _____
Arthritis _____ Vision _____
Other _____

LOWER LIMB SURGERY/INJURY

ALLERGIES _____

MEDICATIONS

Blood thinners _____
Other relevant _____

ORTHOTICS yes no

Foot care specialist? _____

Consent for Service and Photos:

(Signature)

SKIN (for staff use only)

Dry [] Moist [] Thin [] Flaky []
Shiny [] Transparent [] Hairless []
Temperature _____
Sensation _____
Fungal _____
Corns _____
Callus/fissure/rhagades _____
Plantar warts _____

TOENAILS

Thickened _____
Wooded _____
Discoloured _____
Involuted _____
Ingrown _____

STRUCTURAL ABNORMALITIES

Hallux Valgus _____
Hammer/Claw/Mallet Toes _____
Overlapped _____

OTHER/NOTES

