Bow Valley Chiropractic

Chiropractic | Massage | Orthotics | Acupuncture

Name: ____ Date: ______/_____/_______
MM DD YYYY

Ph: (_______) _______-_________ E-mail: ____
(optional, used for apt. reminders and direct access to Online Booking system)

Address: ____ City: _______________

AB Health Care#: _____________________ Birthdate: ______/_____/_________ Occupation: _______________
MM DD YYYY

Gender: _______________ Weight: _________ Height: _________ Shoe Size: ___________

Medical Doctor & location: ____

Do you have a written referral with you? Yes / No Extended Health Benefits: Yes / No

How were you referred to our clinic? ____

Medical History: Please **mark** if you have:

- ☐ Diabetes Type________
- ☐ Osteoarthritis
- ☐ Fibromyalgia
- ☐ Rheumatoid arthritis
- ☐ Osteoporosis
- ☐ Other:

Please list any surgeries you have had on your feet, legs or back: _____________________________________

Have you worn orthotics before? Yes / No If Yes, please give details: __________________________________

Are you involved in activities which stress your feet? Please describe the activity and frequency:

____

How often are you on your feet during the day?

0% – 24% 25% – 49% 50% – 74% 75% – 100%

Pain: What is the location of your pain? ____

On a scale from 1 to 10, where 10 is the worst pain you have ever had, mark where your pain is today:

1 2 3 4 5 6 7 8 9 10

List the shoes you wear most often: ____

Which are the most comfortable? ____

What is your primary concern about your feet? ____

What do you hope to achieve in this visit today? ____

To be completed by the Custom Orthotics Specialist...

Foot Type:	**NWB**	**WB**
High arch	L / R	L / R
Medium arch	L / R	L / R
Low arch	L / R	L / R

Ankle Dorsiflexion:		**Knee Postion:**	
Normal	L / R	Genu varum	L / R
Limited	L / R	Genu valgum	L / R
		Recurvatum	L / R
		Fixed flexion	L / R
		Straight	L / R

Tibial Torsion:	
Internal	L / R
External	L / R
WNL	L / R

Gait:	**Left**	**Right**
Heel strike:	_______________	________________
Midstance:	_______________	________________
Toe off:	_______________	________________
Swing:	_______________	________________

Foot wear assessment:
____
____
____
____