



Pedorthic Evaluation

Patient Information:

First Name _____ Last Name _____ Middle Initial _____
Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____
Birthdate _____ Male Female
Height _____ Weight _____ Marital Status: Single Married Widowed Divorced
• Do you have Diabetes? Yes No

Doctor Information:

Referring Physician _____ Diabetic Physician _____
Phone _____ Phone _____
Address _____ Address _____

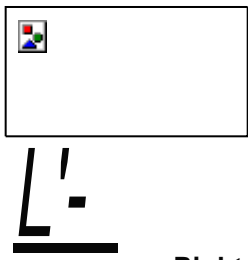
Employer Information:

Patient Employer _____ Employed: Full Time Part Time Not Employed
Employer Address _____

Who is Responsible for Bill? _____ Relationship _____

Comments _____

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Right



Left



Date of
Evaluation:

	RIGHT	BILATERAL	LEFT
Foot Length and Width			
Arch length			
Abduction			
Adduction			
Amputations			
Arches:			
Normal			
Pes Cavus			
Pes Planus			
Charcot Joint			
Dorsiflexion			
Equinus			
Eversion			
Flexible/Rigid			
Forefoot Valgus/Narus			
Gait Cycle			
Hair Present			
Hallux Rigidus/Limitus/Nalgus/Narus			
Heel Valgus/Narus			
Inversion			
Leg Length Discrepancy			
Metatarsalgia			
Nails			
Pain or Discomfort			
Phalanges			
Plantar Flexion			
Plantar Keratosis			
Plantar Lesions			
Plantar Padding			
Pronation/Supination			
Skin Color			
Skin Sensitivity			
Skin Temperature			
Skin Texture			
Swelling			

Comments: _____

Evaluation DX:
