

Please fill out form below, print and email to: [drstern@orthotics4u.com](mailto:drstern@orthotics4u.com) or click button below

Email this form to [drstern@orthotics4u.com](mailto:drstern@orthotics4u.com)

## Orthotics4U Questionnaire

**By filling out this form it helps us to make the best orthotic for you.**

**Name:**

**Date of Birth:**

**Have you ever worn orthotics before?**

**Shoe size:**

**Wgt:**

**What is your activity level?**

**Gender:**

**Any areas of your feet or ankles that are having discomfort?**

**Heel**

**Achilles**

**Outside ankle**

**Inside ankle**

**Arches**

**Bottom of foot**

**Forefoot**

**Under the toes**

**Top of foot**

**Other:**

**Type of shoe you want to put these orthotics in?**

**Have you been diagnosed with:**

**Flat Feet?**

**Over Pronation?**

**Supination?**

**Check any conditions that you have been diagnosed with:**

**Plantar Faciitis**

**Metatarsalgia**

**Posterior Tibial Tendonitis**

**Any other condition?**

**Mailing Address**

**Email:**

**Contact phone number:**