



**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**1. Is your problem related to an injury?** \_\_\_\_\_

**If yes, what kind?** \_\_\_\_\_

**2. Where is your pain? Great toe, lesser toe, midfoot, hindfoot, ankle?** \_\_\_\_\_

**3. How long have you had your pain?** \_\_\_\_\_

**4. Is your pain worse in the morning, evening, or all day?**  
\_\_\_\_\_

**5. What improves your pain?** \_\_\_\_\_

**6. What worsens your pain?** \_\_\_\_\_

**7. Do you wear orthotics?** \_\_\_\_\_

**8. Do you have a personal history or family history of Diabetes?** \_\_\_\_\_ **If so, do you take insulin or medication by mouth?** \_\_\_\_\_

**9. Has your foot size or shape changed recently?** \_\_\_\_\_

**If so, please explain** \_\_\_\_\_