



OttawaCustomOrthotics.ca

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Date:



NAME

CHIEF COMPLAINT (S)

Arch Pain ____ Heel Pain ____ Plantar ____ Post ____ Metatarsal Pain ____
Ankle Pain ____ Knee Pain ____ Hip Pain ____ Lower Back Pain ____

FINDINGS

Pes Planus ____ Pes Cavus ____ OverPronation ____ OverSupination ____
Hallux Valgus ____ Hammer Toes ____ Metatarsalgia ____ Morton's Neroma ____
Plantar Fasciitis ____ Heel Spur ____ Achilles Tendonitis ____ Peroneal Tendonitis ____

DIAGNOSES

Arthritis ____ O.A. _KNEES ____ R.A. ____ Gout ____ Fibromyalgia ____
Diabetes ____ Type I ____ Type II ____ Neuropathy ____ Ulcer ____
Leg Length Difference ____ Right Left Difference ____ mm cm inches

RECOMMENDATIONS

Hand Crafted Custom Foot Orthotics __X__ Specifications ____
Orthopedic Footwear ____ Orthopedic Modifications ____

REFERRING PHYSICIAN _____

Telephone _____ Reg. # _____

Signature _____