

Please fill out form below and email to: drstern@orthotics4u.com
or fill out and click on my email

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 Fasciitis

Metatarsalgia

Posterior Tibial Tendonitis

Any other condition?

Mailing Address

Email:

Contact phone number: