

Health History Form

Today's Date

Name

Date of Birth:

Street City State Zip

Home Phone: Cell Phone: Work Phone: Country:

Sex: Age: Height (inches) Weight (lbs) Shoe Size (US):

Please provide a complete *history of your injuries and conditions:

Date	Injuries/Conditions	Surgeries	Fractures	Medications

* If you need more room, please add the information to the body of the email.

Current Activity/Sport

Leg length discrepancy if known: Short Right (inches) Short Left (inches)

If you are a runner, how many years have you been running? Weekly Miles?

If you are a walker/exerciser, how many years have you been walking? Weekly Miles?

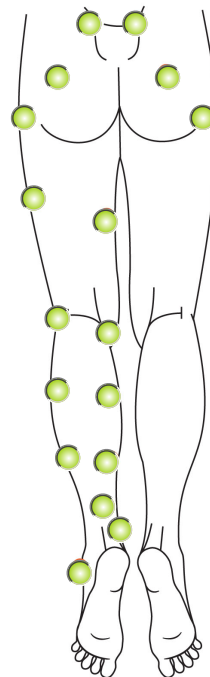
Please click on the illustration below to indicate your area(s) of pain:

Please indicate brand name(s) and model #'s of athletic footwear you're currently wearing:	
Brand	Model/Number
Airwalk	
Asics	
Brooks	
New Balance	
Nike	
Mizuno	
Puma	
Reebok	
Saucony	
Other Shoe	



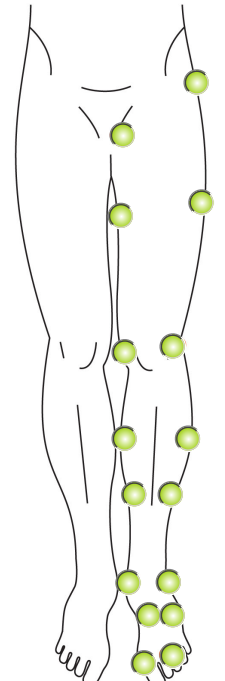
Right

Left



Left

Right



Right

Left