



PATIENT

Name: _____

Date: _____ mm/dd/yy DATES MUST BE SEPARATED BY A DASH

HEALTH CARE PROFESSIONAL

Print Name: _____

Signature: _____

DIAGNOSIS / SYMPTOMS (PLEASE SPECIFY)

DX: FOOT

- PLANTAR FASCIITIS
- ACHILLES TENDINOPATHY
- METATARSALGIA
- MORTON'S NEUROMA
- BUNION(S)

LEG

- PATELLOFEMORAL PAIN
- ILIOTIBIAL BAND SYNDROME
- TIBIAL STRESS SYNDROME
- LEG LENGTH DISCREPANCY : L _____ mm R _____ mm

CONDITION

- DIABETES
- ARTHRITIS

OTHER:

CUSTOM RX DEVICES (APPOINTMENT REQUIRED)

ORTHOSES

- CUSTOM**
(NEUTRAL CAST METHOD)
- AS REQUIRED**
- SEMI RIGID / FUNCTIONAL
- ACCOMMODATIVE / SOFT
- MODIFIED O.T.C.**

FOOTWEAR

- FOOTWEAR CONSULTATION
- ORTHOPAEDIC FOOTWEAR
- CUSTOM MADE FOOTWEAR

SPECIALTY PRODUCTS

- WALKER BOOT
- CUSTOM TOE CRADLE
- HEALING SANDAL
- O.T.C. DIABETIC INSOLES
- SPRING PLATE
- HEEL LIFT(S) :**
 L _____ mm R _____ mm

- RICHIE BRACE AFO
(custom ankle foot orthotic)
- ALLARD DYNAMIC AFO

BIOMECHANICS

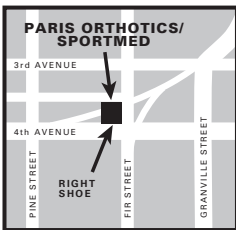
- ADVANCED BIOMECHANICAL ASSESSMENT

SPECIAL INSTRUCTIONS:

NON-CUSTOM DEVICES (NO APPOINTMENT NECESSARY)

- O.T.C. ARCH SUPPORTS
- O.T.C. METATARSAL SUPPORT
- O.T.C. HEEL PADS/CUPS
- OTHER _____

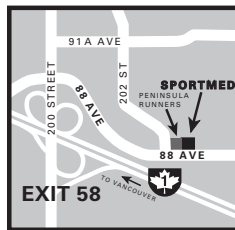
LOCATIONS



VANCOUVER – W4th
1615 West 4th Avenue
P 604.736.6537
F 604.736.6599



PORT COQUITLAM
3200 Westwood Street
P 604.942.4938
F 604.942.5318



LANGLEY – WG
20349 88th Ave
P 604.882.6510
F 604.882.6509

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E-FORM INSTRUCTIONS

SOFTWARE REQUIREMENTS

In order to save filled-in-forms, you will need a new version of **ADOBE READER** (X1 or newer). Go to the Adobe website to download the newest version or click on the link below:

get.adobe.com/reader

NAVIGATING

Use the tab button to navigate from the top left hand corner Sequentially down through all the fields.

OR use the mouse to select any specific field.

PRINTING

Use either the printer icon located above, or file > print from the menu bar.

SAVING

Use either the save icon located above, or file > save from the menu bar.

Save the form under a **DIFFERENT NAME** to preserve patient referral information.

CLEAR FORM

The **RESET FORM** button is located in at the top right hand corner of this form.



PLEASE CALL TO BOOK AN APPOINTMENT

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