LOWER EXTREMITY INTAKE FORM

Patient's Name:______________________ Age:__________ Date:__________

DOB:__________ Height:__________ Weight:__________ Shoe Size:__________

Does patient stand or walk on hard surfaces? Yes ☐ No ☐ Hours Per Week:__________

Related Complaints:

- ☐ FLAT FEET
- ☐ BUNIONS
- ☐ CORNS
- ☐ OTHER:__________
- ☐ PAIN WHILE STANDING
- ☐ PAIN WHILE WALKING
- ☐ PAIN WHILE RUNNING

History of problems/injuries to:

- ☐ FEET
- ☐ KNEES
- ☐ HIPS
- ☐ SPINE
- ☐ ANKLES
- ☐ LEGS/PELVIS
- ☐ OTHER:__________

Recreational Activities:

- ☐ WALKING
- ☐ GOLF
- ☐ BOWLING
- ☐ VOLLEYBALL
- ☐ BASEBALL
- ☐ WEIGHT-LIFTING
- ☐ Other:__________
- ☐ RUNNING
- ☐ TENNIS
- ☐ CYCLING
- ☐ BASKETBALL
- ☐ FOOTBALL
- ☐ AEROBICS

Foot Screening:

Walking Gait	Standing Arch/Palpation	Standing Patella Alignment
1 ☐ Left Foot / ☐ 1 Right Foot — Toe-Out	1 ☐ Left Foot / ☐ 1 Right Foot — Low (Pronation)	1 ☐ Right Knee / ☐ 1 Left Knee — Inwardly Rotated
2 ☐ Left Foot / ☐ 2 Right Foot — Toe-In	2 ☐ Left Foot / ☐ 2 Right Foot — High (Supination)	2 ☐ Right Knee / ☐ 2 Left Knee — Outwardly Rotated
3 ☐ Left Foot / ☐ 3 Right Foot — Straight	3 ☐ Left Foot / ☐ 3 Right Foot — Normal	3 ☐ Right Knee / ☐ 3 Left Knee — Straight

Foot Levelers

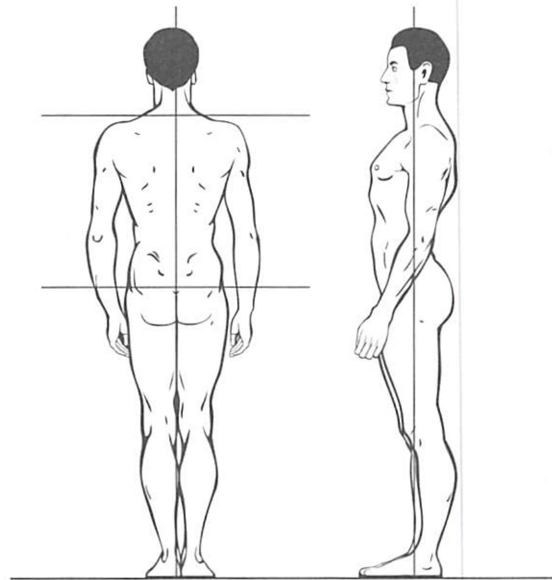
Functional Movement Screen:

Overhead Squat	Select
Pain with movement	❑
Inability thighs coming parallel to floor	❑
Anterior patella shearing	❑
Inability to maintain neutral spine	❑
↓ Hip hinge	❑
Knee valgus	❑
Heels lift	❑
Hyperpronation	❑
Inability arms maintain paralell OH	❑

Single Leg Stance	Select
Pain with movement	❑
Unable to stand EO x 10 sec	❑
Unable to stand ECd x 10 sec	❑
Trendelenberg Sign	❑
No toe grabbing R L	❑
Foot pronation R L	❑

Doctor's Name:__________

Left		Right
Head Tilt/Rotation		Head Tilt/Rotation
High Shoulder		High Shoulder
Axillary Space Inc/Dec		Axillary Space Inc/Dec
Lat Curve Apex		Lat Curve Apex
High Hip		High Hip
Torso Rotation		Torso Rotation
Femoral Rot. Int/Ext		Femoral Rot Int/Ext
Genu Valgum/Varum		Genu Valgum/Varum
Pes Planus/Cavus		Pes Planus/Cavus
Toe-In/Toe-Out		Toe-In/Toe-Out



Anterior Head Translation	Shoulder Protraction	Sway
BackHyperkyphosis	Hyperlordosis	Hypolordosis
Anterior Pelvic Tilt	Genu Recurvatum	

Additional Findings: ______________________________

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Gait Analysis

Trunk ______________________________

Pelvis______________________________

Hip______________________________

Knee______________________________

Ankle______________________________

Recommendations

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Foot Levelers Custom Orthotics

Pair 1: ______________________________

Pair 2: ______________________________

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