



**Shoe Size:**

Left  Right

**Shoe Width:**

Slim  Narrow  Medium  Wide  XW  XXW  XXXW

**Do you have diabetes? \***

Yes  No

**Do you have any of these? \***

**Left foot**

Bunion



Bunionette



Swollen Foot



None

**Right foot**

Bunion



Bunionette



Swollen Foot



None

### Type of foot - Left / Right \*

When you leave the shower, what impression do your feet leave on the floor? If in doubt, place a sheet of paper on the floor, wet the right foot and step on the paper, then repeat the same for your left foot. The shape of your feet will be evident.

- Please indicate below the shape for both the right and left foot, as the shape may differ.



L  R



L  R



L  R



L  R

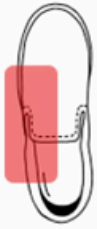


L  R

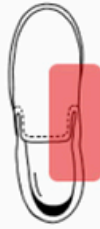
If you feel any discomfort in your current shoe

Choose the area where you feel any discomfort in your current shoe - Left / Right

Left Side



Left Outer side



Left Inner side



Left Up

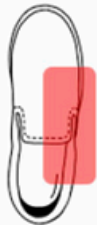


Left Back

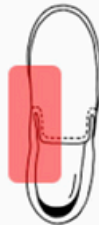


Left Bottom

Right Side



Right Outer side



Right Inner side



Right Up



Right Back



Right Bottom

## Leg Length difference

Is one leg shorter than the other?

Left Leg

None

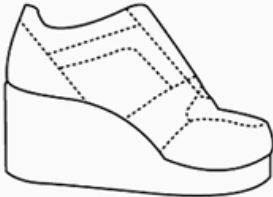
Right Leg

What's the difference? (inches)

## What kind of sole do you need? \*

Only applicable if you have more than x cm (th)

Only applicable if you have more than 2 cm (3/4") leg length difference.



Heel Lift



Rocker Bottom

If you have any amputations

**Amputations**



L  R



L  R



L  R



L  R



L  R



L  R



L  R



L  R



L  R

Other  
(Send pictures)

L  R

**Additional notes**