<u>Phits Custom 3D Orthotics Intake Form</u>

Name:_____   Date of Birth:____/____/____

Address:_____   Phone:_____

*Email:_____

Shoe Size: _____   Weight: _____   Do your currently wear orthotics? Yes / No

Why would you like Custom 3D printed insoles? Circle all that apply.
- Daily use
- Jogging/Running
- Gym Classes
- Cycling
- Standing at work
- Soccer/Football/Baseball or other sport with cleats
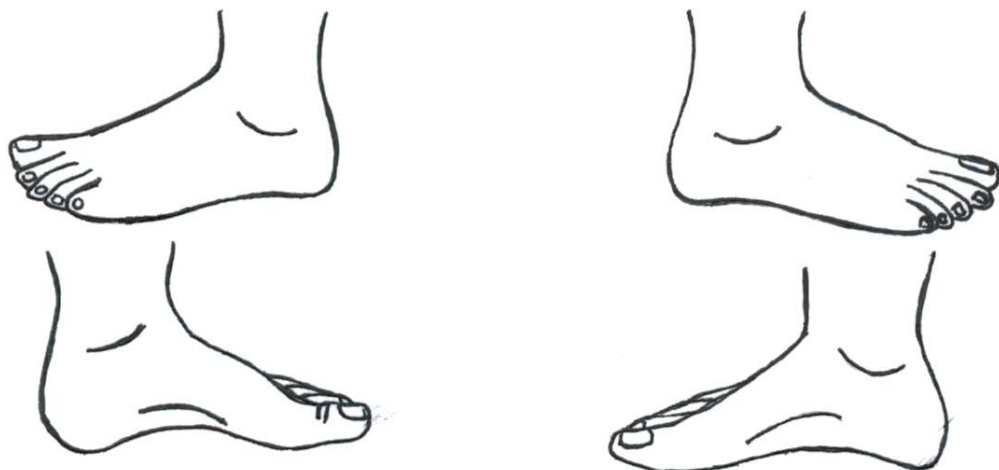- Court Sport – Tennis/Volleyball/Other
- Other - _____

What type of shoe do you intend to put your Phits insole in?
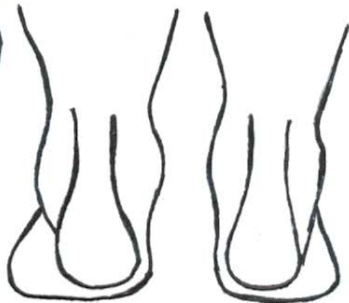
_____

If you currently wear orthotics how old are they?

_____

Please explain any pain locations or injuries. Describe any surgeries you have had.

_____

_____

_____

Please indicate any specific area of the foot you feel pain (P) or numbness/tingling (N/T):

LEFT FOOT

RIGHT FOOT

Clinic Use Only

Left Base: _____   *Right Base:* _____

Notes: