

Phits Custom 3D Orthotics Intake Form

Name: _____ Date of Birth: ___/___/___

Address: _____ Phone: _____

*Email: _____

Shoe Size: _____ Weight: _____ Do you 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 - _____

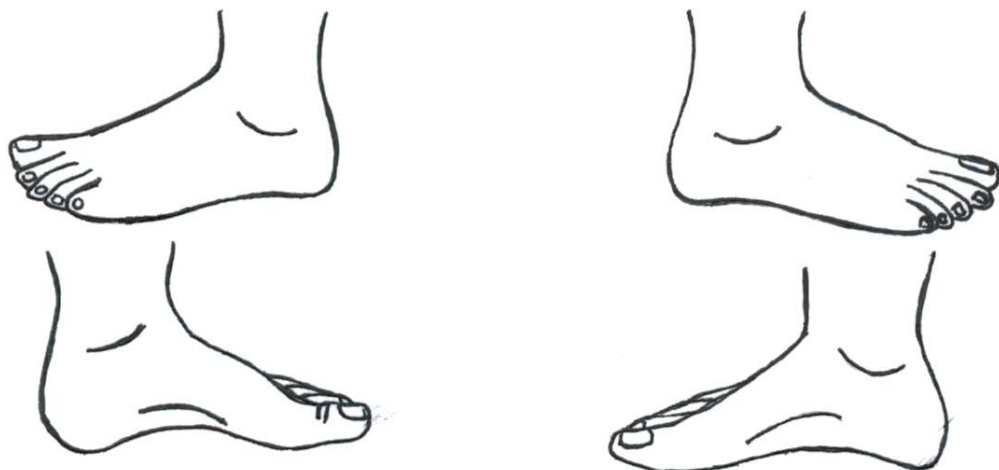
What type of shoe do you intend to put your Phits insole in?

If you currently wear orthotics how old are they?

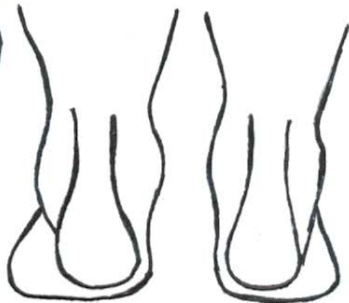
Please explain any pain locations or injuries. Describe any surgeries you have had.

*WAPT uses secure HIPAA compliant email. I give WAPT permission to communicate with me via email regarding health information, medical records, and other related correspondence.

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: