

Pre Consultation Questionnaire- Free Gaitscan

Patient Name: _____ DOB: _____

Address: _____

Tel: _____ Email: _____

Family Doctor: _____ Suburb: _____

Who referred you to KARE Health Centre: _____

	Yes	No
Are your feet sore on a regular basis?		
Do you have heel pain on a regular basis?		
Do you spend a good portion of the day walking or standing?		
Do you play sports regularly?		
Does walking or running results in joint pain (foot, ankle, knee, hip or back)?		
Do you have visible foot problems? (bunions, flat feet, calluses, corns)		
Do your feet "toe out" or "toe in" when you walk?		
Do you have a family history of foot problems?		
Have you ever worn orthotics in your shoes before?		

Signature: _____ Date: _____

For staff use only:

Assessment Findings:

Assessor: _____ Signature: _____

Further Appointment Needed: Y/N