

Foot Pain Chart

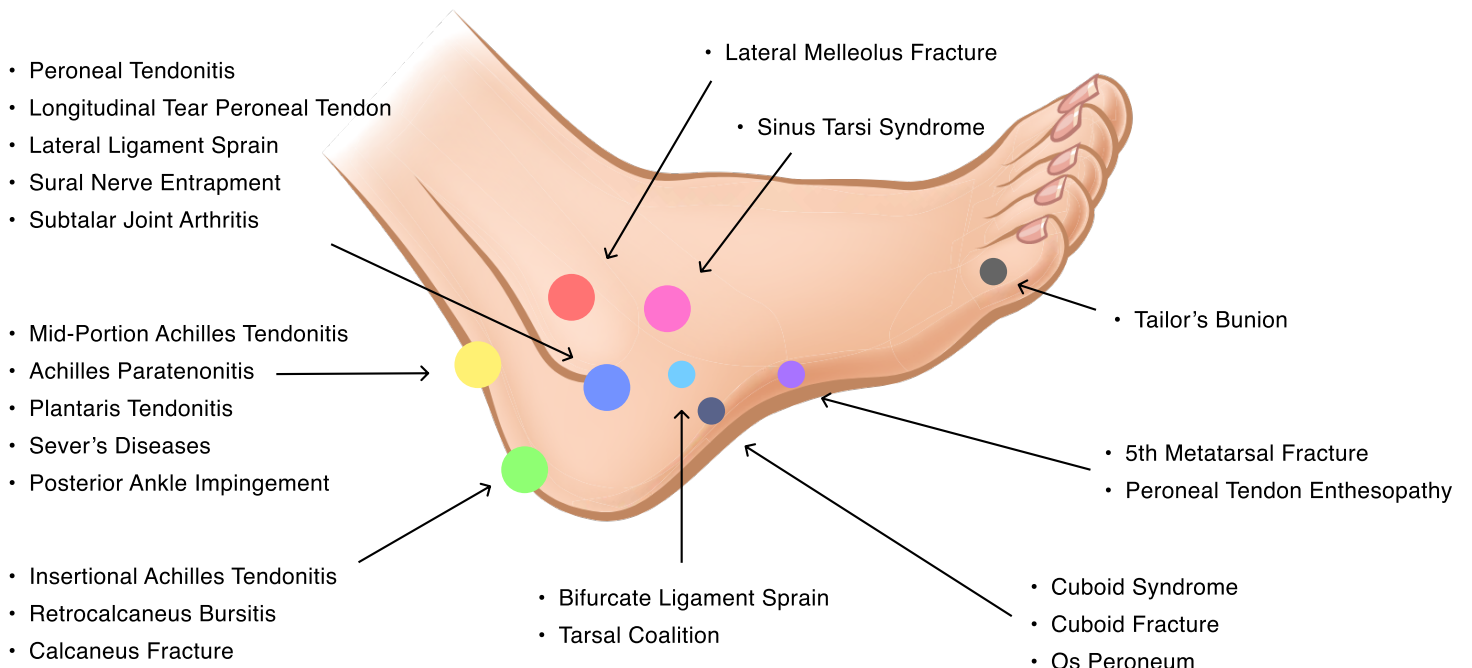
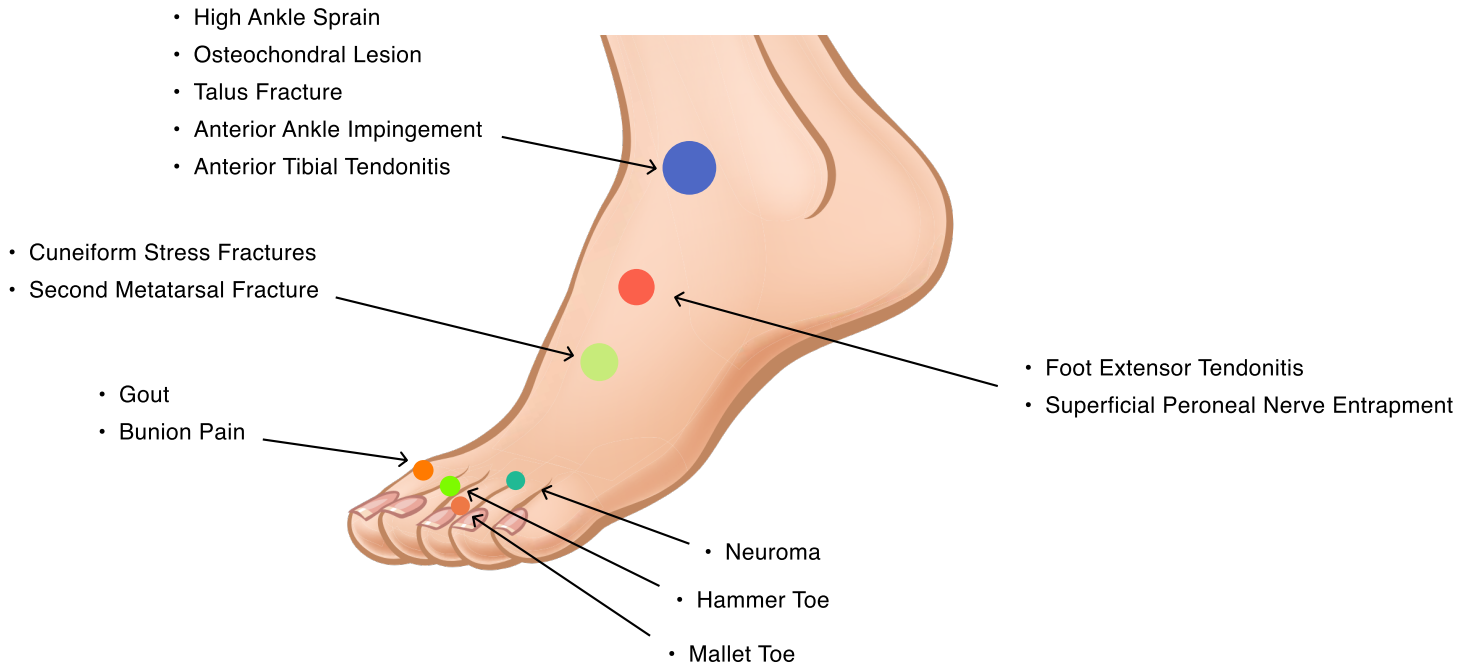
Client Information:

Name: _____ Date of Birth: _____

Gender: _____ Date of Consultation: _____

Address: _____

Phone Number: _____ Email Address: _____



Which part of the foot does the patient feel the pain?

1.
2.
3.
4.
5.

On a scale of 1 to 10, 1 being the lowest and 10 being the highest, how painful does the area feel?

Area 1:
Area 2:
Area 3:
Area 4:
Area 5:

Possible causes of the pain:

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Recommendations:

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Additional Notes:

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