

# Foot Pain Chart

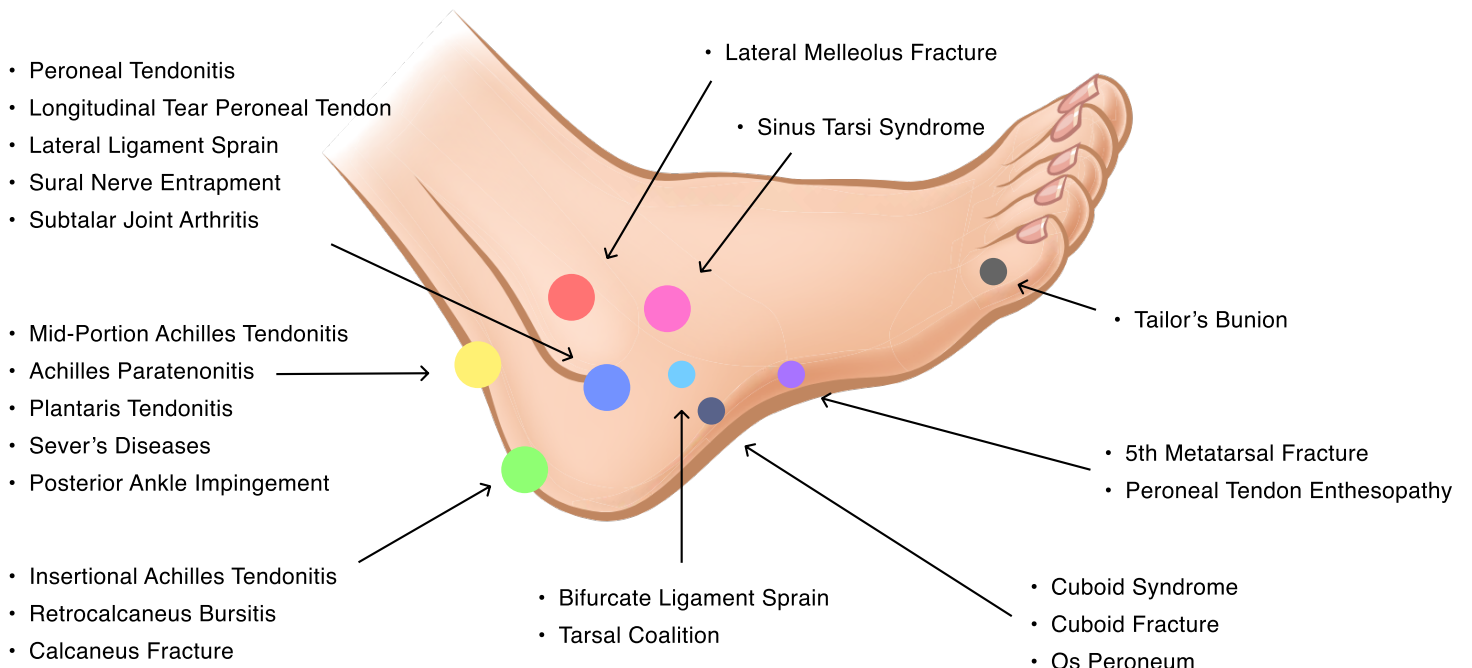
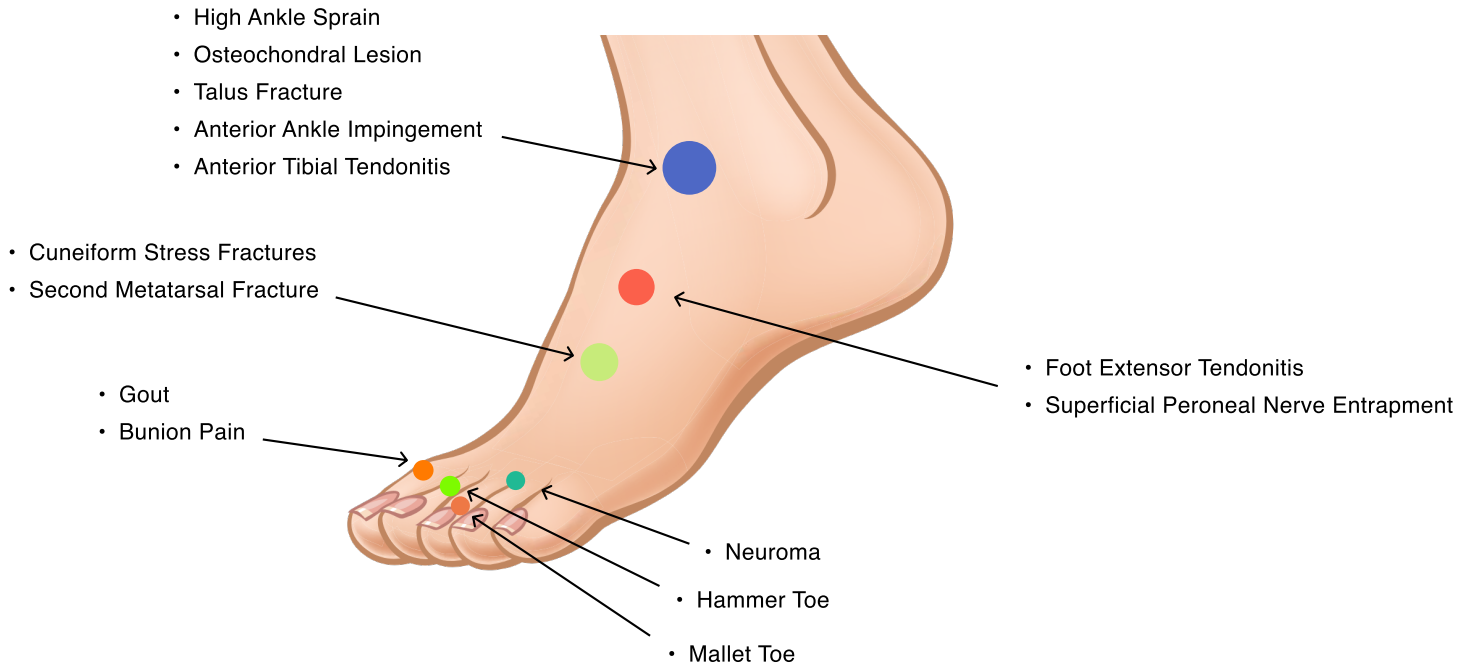
## Client Information:

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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