



DATE MEASUREMENTS TAKEN

## Participant Details

Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Diagnosis/ Disability:	<input type="text"/>		
NDIS Number:	<input type="text"/>	<input type="checkbox"/> Self Managed	<input type="checkbox"/> Plan Managed
		<input type="checkbox"/> NDIA Managed	
Plan Manager invoice email:	<input type="text"/>		

## Contact Details

Parent Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email:	<input type="text"/>
Address:	<input type="text"/>

## Details of prescribing Allied Health Professional

Name:	<input type="text"/>
Allied Health Profession :	<input type="text"/>
Organisation :	<input type="text"/>
Email :	<input type="text"/>
Delivery Address (if different to address in contact details):	<input type="text"/>

## Current footwear size and brand (specify if size is AU / US / EU)

This form is used to gather information when:

- seeking a general recommendation from our team regarding an appropriate footwear model and size
- determining footwear size for individuals with wider or narrower feet
- determining footwear size for individuals using orthoses such as SMO's or AFO's.
- determining footwear size when using brands with multiple width fittings like Nimco, Duna, Chaneco, Perpedes, and Schein.

**Signature** (if submitted via eMail this is taken as an electronic agreement to this declaration)

By submitting this form, I agree that I have taken the measurements on this form with due diligence and that special order and customized footwear based on these measurements are non returnable. I understand that stock footwear is returnable only if in new condition and subject to approval. I have completed pages 1-5 of this form, including the foot tracings. I have attached photographs of the wearer's feet and lower legs and orthoses if applicable.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_



### Footwear Preferences - specify model name and colour:

When seeking a general recommendation for appropriate footwear, please provide the following information. A member of our team will review this information and provide options regarding suitable models.

### Indicate the relevant lower limb issues

- ☐ Pronation/collapsed arches ☐ Heel valgus ☐ Supination/high arches ☐ Heel varus  
☐ High tone/hypertonia ☐ Low tone/hypotonia ☐ Hypermobility ☐ Poor stability  
☐ Toe walking or equinus gait pattern ☐ Metatarsus Adductus

**Other applicable details regarding the feet and lower limbs eg sensory sensitivities, oedema, hammertoes etc**


Please indicate the wearers level of mobility on the scale below

- |                          |   |  |  |   |                          |
|--------------------------|---|--|--|---|--------------------------|
| Non<br>weightbearing     | Weightbearing/<br>transitioning to standing | Walking with assistance<br>for short distances | Walking independently<br>for short distances | Walking independently but<br>prone to trips and falls | Walking<br>independently |
| <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                       | <input type="checkbox"/>                     | <input type="checkbox"/>                              | <input type="checkbox"/> |

### Select footwear features that are known to be required

- Therapy Purpose** ☐ Stability ☐ AFO/Orthotic ☐ Straight and Reverse Last
- Height** ☐ Below the ankle ☐ At the ankle ☐ Above the ankle ☐ Lower leg
- Sole Stiffness** ☐ Low ☐ Medium ☐ High
- Counter Support** ☐ Medium ☐ Medium + ☐ High ☐ High +
- Weight** ☐ Feather ☐ Light ☐ Middle ☐ Top
- Style** ☐ Sandal ☐ Boot ☐ Sports ☐ Shoe /Mary-Jane ☐ AFO Alternative ☐ Aquatic
- Colour Preference** ☐ School Black ☐ Female ☐ Male ☐ Other\_\_\_\_\_
- Profile of innersole** ☐ Standard built-in arch support
- ☐ Wearer needs more than standard arch support - supply off the shelf orthotic
- ☐ Flat innersole required as the wearer has/will have orthoses:
- ☐ Foot orthosis ☐ Left ☐ Right ☐ Articulated AFO ☐ Left ☐ Right
- ☐ SMO ☐ Left ☐ Right ☐ Solid AFO ☐ Left ☐ Right
- ☐ Other\_\_\_\_\_ ☐ Left ☐ Right
- Fastening** ☐ Velcro ☐ Laces ☐ Zippers ☐ BOA

**Other relevant features or requirements eg sole raise,**

- Attach photos** ☐ **Feet and lower legs** ☐ Left: front, back and side ☐ Right: front, back and side  
 ☐ **Orthoses** ☐ Left: front, back and side ☐ Right: front, back and side



### Length, width and circumference measurements

If the wearer has an orthosis that will be used with the footwear please take the measurements both barefoot and with the orthosis fitted to the foot. Please indicate which type of orthosis:

☐ Foot orthosis    ☐ Left    ☐ Right

☐ SMO    ☐ Left    ☐ Right

☐ Articulated AFO    ☐ Left    ☐ Right

☐ Solid AFO    ☐ Left    ☐ Right

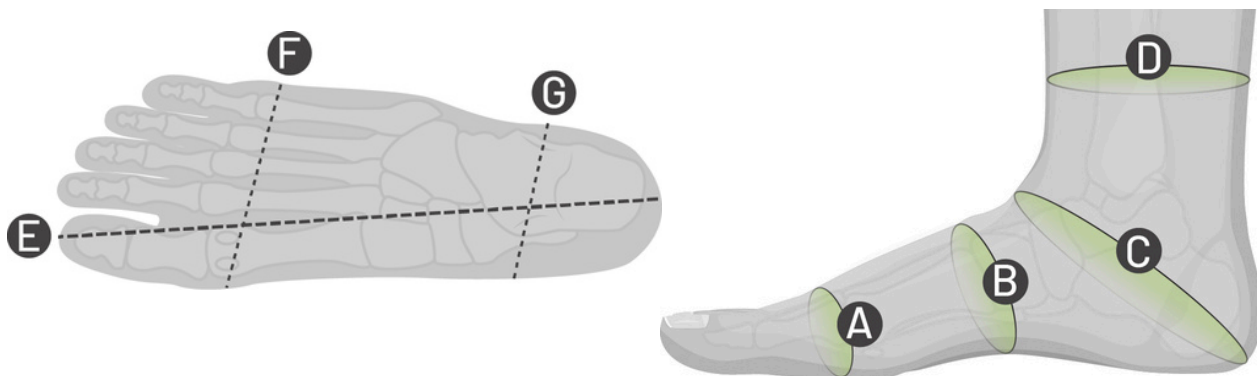
☐ Other \_\_\_\_\_    ☐ Left    ☐ Right

Thickness of orthosis at heel: \_\_\_\_\_

Thickness of orthosis at forefoot (MTP joints - F on diagram): \_\_\_\_\_

- Provide all length, width and circumference measurements accurately, to the nearest mm.
- Take measurements while standing. If standing is not possible, measure while seated with knees at right angles and feet weight-bearing. Trace and measure each foot separately.
- For measurements E, F, and G, trace around each foot or orthosis on pages 4 and 5 using a thin pencil. Keep the pencil as upright as possible. Ensure the barefoot is comfortably aligned before tracing. Mark and measure lines for E, F, G on the tracing and then transfer the measurements to the table below.
- A video demonstration of the measurements is available on our website under Footwear Measurement Guides.

	Length and Width Measurements - see diagram	Left barefoot	Right barefoot	Left foot with orthosis if applicable	Right foot with orthosis if applicable
E	Length of the foot				
F	Width of forefoot at ball (MTP joints)				
G	Width of heel				



	Circumference Measurements - see diagram	Left barefoot	Right barefoot	Left foot with orthosis if applicable	Right foot with orthosis if applicable
A	Forefoot circumference at ball (MTP joints)				
B	Midfoot circumference at highest point of arch				
C	Circumference around the heel and ankle (back of heel around to front of ankle)				
D	Circumference above the ankle bones (malleoli)				

Left foot tracing

Barefoot

☐

With orthosis

☐

Right foot tracing

Barefoot ☐

With orthosis ☐