



DATE MEASUREMENTS TAKEN

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PARTICIPANT DETAILS

Name :	<input type="text"/>		
Date of Birth :	<input type="text"/> / <input type="text"/> / <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"/>	Street Address :	<input type="text"/>	
Phone Number:	<input type="text"/>			
Suburb :	<input type="text"/>	State:	<input type="text"/>	Post Code : <input type="text"/>
Email :	<input type="text"/>			

DETAILS OF REFERRING ALLIED HEALTH PROFESSIONAL

Name:	<input type="text"/>	Recommendations or requests:
Allied Health Profession :	<input type="text"/>	
Organisation :	<input type="text"/>	
Email :	<input type="text"/>	

FOOTWEAR PREFERENCES (IF KNOWN)

Model:	<input type="text"/>	Model:	<input type="text"/>
Notes:	<input type="text"/>	Notes:	<input type="text"/>

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 in this form with due diligence and care and that special order and customised 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 attached photographs of the wearer's feet and lower legs and orthoses if applicable.

Name: _____ Signed: _____



Select the lower limb conditions that require support/accommodation

- | | |
|---|---|
| <input type="checkbox"/> Pronation/collapsed arches | <input type="checkbox"/> Toe walking |
| <input type="checkbox"/> Heel valgus | <input type="checkbox"/> High tone/hypertonia |
| <input type="checkbox"/> Low tone/hypotonia | <input type="checkbox"/> Metatarsus adductus |

☐ Other

Please indicate the wearers level of mobility on the scale below

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

Select footwear features required

Therapy Purpose ☐ Support ☐ AFO/Orthotic ☐ Straight and Reverse Last

Height ☐ Low cut ☐ Mid ankle cut ☐ Above ankle cut/high top
☐ Mid calf & above (AFO alternative)

Sole Flexibility ☐ Semi-flexible ☐ Firm ☐ Semi-stiff

Style ☐ Sandal ☐ Boot ☐ Sports ☐ Shoe /Mary-Jane

Colour Preference ☐ School Black ☐ 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 (tick applicable):

<input type="checkbox"/> Foot orthotics	<input type="checkbox"/> Left	<input type="checkbox"/> Right
<input type="checkbox"/> SMO	<input type="checkbox"/> Left	<input type="checkbox"/> Right
<input type="checkbox"/> Articulated AFO	<input type="checkbox"/> Left	<input type="checkbox"/> Right
<input type="checkbox"/> Solid AFO	<input type="checkbox"/> Left	<input type="checkbox"/> Right

Other features required eg flares, sole raises for LLD etc

Before you measure

Some important points to keep in mind when taking tracings and measurements:

- A second person is helpful when taking the tracings and measurements.
- Tracings and measurements should be taken in a standing position or, for those unable to stand, sitting with the knees at right angles and the feet weight-bearing.
- Trace and measure each foot separately
- Record measurements in centimetres to one decimal place
- Record actual measurements without increasing the measures at your own discretion



Also include photos of the left and right foot individually from the side, front and back and attach to the order email.
This is optional for standard footwear, but recommended.



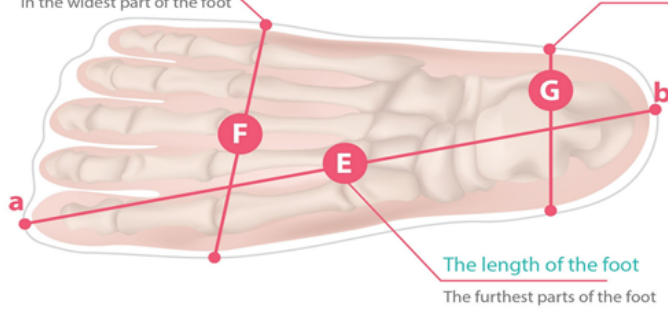
If the wearer has an AFO/ SMO/foot orthosis please take both sets of measures. That is, take both barefoot and foot with the orthoses measurements.

NOTE: Length and width measurements required for all footwear

The width of the forefoot

In the widest part of the foot

The width of the heel



The length of the foot
The furthest parts of the foot

Use pages 5 & 6 - Feet tracing pad (left) and (right) to trace each foot or foot with orthotic if orthoses are to be worn in the shoes. Rule the lines of measure E,F,G on the tracing and then write the measurement along the line. Transfer final checked measurements to the table below.

	Description – 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 MTP joints				
G	Width of heel				

Measurements taken with:

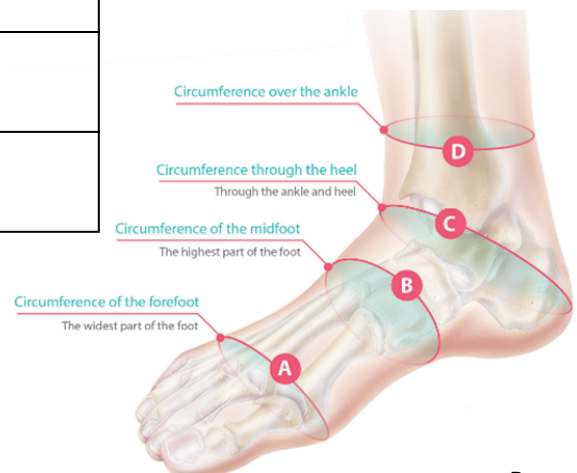
- ☐ AFO ☐ SMO
☐ Foot Orthotic

Thickness of orthosis at at MTP joints:

Thickness of orthosis at heel:

NOTE: Circumference measurements required for all footwear

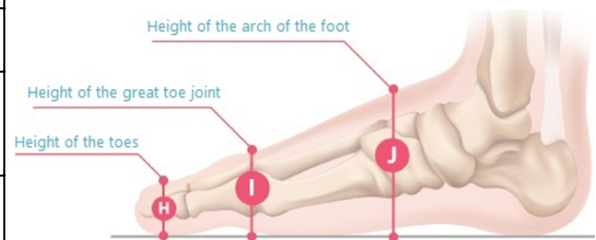
	Description – see diagram	Left barefoot	Right barefoot	Left foot with orthosis if applicable	Right foot with orthosis if applicable
A	Forefoot circumference				
B	Midfoot circumference				
C	Circumference around the heel and ankle				
D	Circumference above the malleoli				





NOTE: Additional measurements only required for customised extended height footwear (AFO alternative footwear for heel/ankle and lower leg stability)

	Measurement Description	Left	Right
H	Height of toes		
I	Height of great toe at MTP joint		
J	Height of midfoot		
K	Required height to the upper of shoe (Max. 25cm.) Stiffener height adjusted to requested upper height.		
L	Circumference at top of upper		
M	Calf circumference at widest point of calf		
O	Circumference around malleoli		
Measurements from this point onwards are not depicted in diagrams.			
P	Height to midpoint medial malleoli		
Q	Height to midpoint lateral malleoli		
Measure circumferences up the leg to the applicable height (ie to the height of the upper)			
R	Circumference at 10 cm up the leg		
S	Circumference at 12 cm up the leg		
T	Circumference at 14 cm up the leg		
U	Circumference at 16 cm up the leg		
V	Circumference at 18 cm up the leg		
W	Circumference at 20 cm up the leg		
X	Circumference at 22 cm up the leg		
Y	Circumference at 24 cm up the leg		



Please submit as attachments:

All pages, any supporting images or other documents to thrive@wellandable.com.au

Left foot tracing

Barefoot

☐

With orthotic

☐

Right foot tracing

Barefoot

☐

With orthotic

☐