



DATE MEASUREMENTS TAKEN _____

Participant Details

Name:

Date of Birth: Male Female

Diagnosis/
Disability:

NDIS Number: Self Managed Plan Managed NDIA Managed

Plan Manager
invoice email:

Contact Details

Parent Name:

Phone Number:

Email:

Address:

Details of prescribing Allied Health Professional

Name:

Allied Health
Profession :

Organisation :

Email :

Delivery Address
(if different to address
in contact details):

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

Nimco footwear is personalized according to the details and measurements supplied in this form, which renders it non-returnable. Ensure that measurements are taken while standing. If standing is not possible, measurements should be taken while seated with knees at right angles and feet supporting weight. Each foot should be outlined and measured separately, with measurements recorded to the nearest millimeter. Take photographs of the left and right foot individually, including any orthoses, from the front, back, and sides. Submit the order form and photographs via email to thrive@wellandable.com.au.

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 custom-made footwear based on these measurements is non-returnable. I have completed pages 1-6 of this form, including the foot tracings. I have attached photographs of the wearer's feet and lower legs and orthoses if applicable. I agree for the measurements and any photographs attached to this document to be shared with Nimco in the Netherlands/Portugal for manufacturing purposes.

Name: _____ Signed: _____



Nimco footwear prescription (completed by allied health professional)

Nimco footwear model name, reference number and colour

Features or changes to the selected footwear model

Fastenings Order as per the model Laces and Zipper/s Laces only Velcro

If laces and zippers, indicate placement of zipper/s Medial zipper along lace closure

Lateral zipper along lace closure Medial zipper along quarter Lateral zipper along quarter

Leather colours No change to colour, order as per the model

Yes, change leather colours. Refer to Nimco catalogue for leather colours/numbers:

Inner lining Standard leather lining Diabetic lining

Sole unit No changes to sole unit, order as per the model

Yes, change sole unit to sole number from NIMCO catalogue _____

Any other features required eg hooks

Size and last adaptations

Children's Last Standard Orthosis AV (Reverse Last)

TN1 left/right TN2 left/right TN4 left/right TN6 left/right

TN8 left/right TN10 left/right TN8 Orthosis left/right TN10 Orthosis left/right

TN10 XLS Orthosis left/right

Women's Last I left/right K left/right M left/right O left/right

Men's Last I left/right K left/right M left/right O left/right

Size Left

Size Right

Order plastic test shoe for trial fitting? No Yes

Is this footwear being used with an orthosis? (If yes, take measurements on page 3 barefoot and with the orthosis fitted)

No Articulated AFO Left Right

Foot orthosis Left Right Solid AFO Left Right

SMO Left Right Other _____ Left Right

Any features that require adaptation to the last eg hallux valgus, hammertoes

Counter Type (See document Appendix 1. Counter number in right bottom corner of each diagram.)

Counter number for left _____

Counter number for right _____

Increase height of the footwear above the specified normal height indicated in the Nimco catalogue?

No, order as per the model Yes, increase height to _____ cm. *Take measurements on page 4.*



Nimco footwear prescription (cont.)

Rockers or Raises - heel/ MTP joints / toe thickness in mm - indicate left or right

Add carbon fibre reinforcement? No Semi-rigid 1.8-2.0mm Medium-rigid 2.1-2.4mm
 Rigid 2.5-3.0mm Ultra rigid Left Right Left and Right

Wedge or Flare - indicate size in mm, left or right, medial or lateral

Length and circumference measurements - see document Appendix 2

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 forefoot (MTP joints): _____ **Thickness of orthosis at heel:** _____

	Description - see diagrams in Appendix 2 on page 8	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				
E	Length				
F	Width of forefoot (MTP joints)				
G	Width of heel				
H	Height of the toes				
I	Height of the great toe joint				
J	Height of midfoot				
K	Height of midpoint of medial malleoli				
L	Height of midpoint of lateral malleoli				
M	Calf circumference at widest point of calf				
N	Height at widest point of calf				
O	Circumference around the malleoli				

Note regarding measurements E, F and G: Use pages 5 and 6 to trace around each foot or orthosis with a thin pencil keeping the pencil as upright as possible. Ensure the barefoot is in comfortable corrected alignment before tracing. Rule the lines of measure E,F,G on the tracing and then transfer the measurements to the table above.



Additional measurements required for footwear with an extended height

	Description	Left barefoot	Right barefoot	Left foot with orthosis if applicable	Right foot with orthosis if applicable
1	If footwear height is to be changed from standard please specify requested height (maximum 25cm)				
2	Circumference at the requested footwear height				
3	Circumference at 10cm up the leg				
4	Circumference at 12cm up the leg				
5	Circumference at 14cm up the leg				
6	Circumference at 16cm up the leg				
7	Circumference at 18cm up the leg				
8	Circumference at 20cm up the leg				
9	Circumference at 22cm up the leg				
10	Circumference at 24cm up the leg				



Attach photographs

- 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

Left foot tracing

Barefoot

With orthosis

Right foot tracing

Barefoot With orthosis