

# Made-to-Measure Footwear Measurement Form



Client Details		Therapist Details	
Name:		Name:	
DOB:		Profession:	Physio / OT / Podiatrist / Orthotist
Diagnosis:			Other:
Parent/Guardian:		Organisation:	
Address:		Address:	
Phone:			
Email:		Phone:	
NDIS Number:		Email:	

## Shoe Colour

*Please choose only one Main colour and one Accent colour.*

Main colour	Accent colour
<input type="checkbox"/> Black	<input type="checkbox"/> Black
<input type="checkbox"/> Grey	<input type="checkbox"/> Grey
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Navy Blue
<input type="checkbox"/> Light Blue	<input type="checkbox"/> Light Blue
<input type="checkbox"/> Teal	<input type="checkbox"/> Teal
<input type="checkbox"/> Purple	<input type="checkbox"/> Purple
<input type="checkbox"/> Pink	<input type="checkbox"/> Pink
<input type="checkbox"/> Red	<input type="checkbox"/> Red
<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
<input type="checkbox"/> Light Brown	<input type="checkbox"/> Light Brown
<input type="checkbox"/> Tan	<input type="checkbox"/> Tan
<input type="checkbox"/> Cream	<input type="checkbox"/> Cream

**Tammie Mennis B. Pty (Hons)**  
Physiotherapist  
Co-Founder and Director

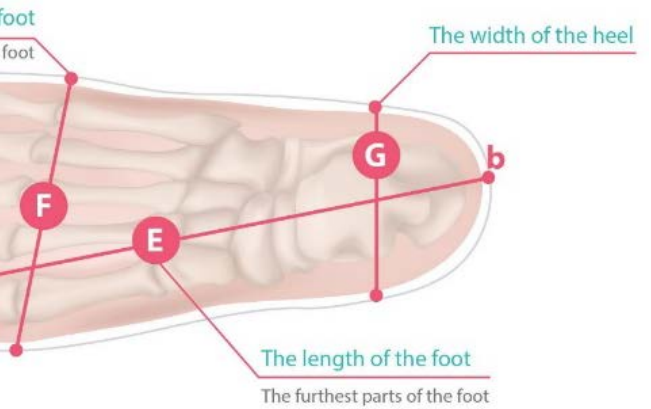
**Greg Mennis**  
Director

w: [www.wellandable.com.au](http://www.wellandable.com.au)  
ABN: 17 617 983 785

### Head Office

a: 4 Clematis Court, Cashmere,  
QLD, Australia, 4500  
t: +61 (0) 7 3448 0446  
e: [thrive@wellandable.com.au](mailto:thrive@wellandable.com.au)

## Individual Measurements, with AFO or orthotic fitted:



### Some important points to keep in mind when taking measurements:

- A second person is helpful when taking the measurements
- 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
- Measure each foot separately
- If an orthotic or orthoses is being used, such as a sensori-motor orthotic or Ankle Foot Orthosis (AFO), the measurements must be taken with the orthotic on.
- Record measurements in centimetres to one decimal place
- Record absolute measurements without increasing the measures at your own discretion
- Take a photo of the left and right foot individual from the side, front and back and attach to the order

	A	B	C	D	E	F	G	H	I	J
<b>AFO Right</b>										
<b>AFO Left</b>										

## **AFO/Orthotic tracing (left)**

- *Place foot with AFO/orthotic fitted, onto this sheet of paper, trace around the footprint of the AFO/orthotic with the pencil held vertically*
- *Take measurements E, F and G from this tracing and note in the table on page 2*

## **AFO/Orthotic tracing (right)**

- *Place foot with AFO/orthotic fitted, onto this sheet of paper, trace around the footprint of the AFO/orthotic with the pencil held vertically*
- *Take measurements E, F and G from this tracing and note in the table on page 2*

## Feet tracing pad (left)

- *Place foot onto this sheet of paper, trace around the foot with the pencil held vertically*
- *Take measurements E, F and G from this tracing and make note of these on the footprint itself on this page*

## Feet tracing pad (right)

- *Place foot, onto this sheet of paper, trace around the foot with the pencil held vertically*
- *Take measurements E, F and G from this tracing and make note of these on the footprint itself on this page*

I have attached a photo of the left and right foot fitted into the AFO or orthotic from both sides, the front and back

I have attached a photo of the left and right foot from both sides, the front and back.

I am an accredited Healthcare Professional and I have undertaken this assessment and accurate measurements of my client's lower limbs for the purpose of obtaining custom footwear supplied by Well & Able.

I am aware and have informed my client, that made-to measure custom footwear is not refundable or exchangeable and I am responsible for this prescription and measurements.

I agree with Well & Able terms and conditions of business.

**Signature:**

**Date:**

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**Name:**

**Position:**

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