

Well & Able Clinic Request



Clinic Name:		Contact Name:	
Address:			
Phone:		Email:	
Preferred date/s and time/s for Clinic: <i>List 3 dates and times you would like your clinic to be run.</i>	1.		
	2.		
	3.		

Please Note:

- An appointment fee will be charged for appointments at this clinic.

Client Details – Footwear Trials:

Client Name	Parent / Carer Name	DOB	Male / Female	Foot Length ^{1a}		Foot Width ^{1b}		Diagnosis and/or Issue/s to be addressed ²	If you know what footwear you would like for the client please specify ²
				Left	Right	Left	Right		

Client Details - Other Product Trials:

Client Name	Parent / Carer Name	DOB	Male / Female	Diagnosis and/or Issue/s to be addressed ²	Specify products to trial, assess or measure ³	Comment

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

Greg Mennis
 Director

w: 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

Notes:

Providing these details will help us to bring a range of appropriate footwear

- **1** Trace around the clients foot and/or orthotic/AFO on a piece of paper.
- **1a** Measure the length from the heel to the longest toe (E on the diagram below).
- **1b** measure the width across met heads (F on the diagram below).
- **2** A brief description of the clients disability and their needs, for example:
 - ASD, toe walking, sensory issues, need high tops
 - Diplegic CP, needs sandal option for when not wearing AFO's
- **3** this includes all other products available from Well & Able. Stock dictates availability for trial.

