



CENTER FOR HEALTHY LIVING

Orthotic History Form

Last Name: _____ First Name: _____

Address: _____ City/Province/Postal: _____

Email: _____ Sex: M/F Weight: _____ Shoe Size: _____

Phone: _____ Work: _____ Cell: _____

Occupation: _____ Activity Level: _____

DOB: (mm/dd/yyyy) _____ Family Medical Doctor: _____

Name of Insurance Provider: _____

Who may we thank for referring you to our clinic? _____

If Under 18 years of age, Name of Parent or Guardian: _____

Your Chief Complaint or Symptoms you may have?

Please Note: Orthotic devices help with a variety of ailments, however, we cannot guarantee the success in any particular case. Center For Healthy Living agrees to provide the orthotics requested by the customer in accordance with the specifications provided by the laser scan examination of your feet. Center For Healthy Living will not be liable for any damages done to the orthotic and loss of orthotics upon dispensing of the orthotic. Follow-up appointments and recommended orthotic protocols are crucial for the success of your orthotic purchase. Most extended group benefit plans do provide coverage for orthotics as long as they are prescribed by a Medical Physician, Podiatrist, and some benefit packages allow Chiropractors. Please ensure coverage by checking your group benefits and instructions. You may also be able to claim your orthotics as a health expense on your taxes. Please consult your Accountant regarding this.

The cost for an Orthotic Consultation is \$75.00, which includes examination and treatment recommendations for your foot/ankle challenges. The cost of a custom laser orthotic are: Adults: \$450.00 Children (Under 10 yrs): \$400.00. If you proceed with the purchase of the Orthotics the initial consult fee is excluded.

Signature: _____ Date: _____