



STEENWYK
custom shoes and orthotics



CUSTOM SHOE ORDER FORM

PATIENT INFORMATION



Vendor _____ Date _____

Clinician _____ Patient Name _____

Tel _____ Fax _____ Daily Activities _____

PO # _____ Age _____ Gender _____ Height _____ Weight _____

New vendors please contact our office prior to shipping first order

Note: To avoid delays in production, please complete fully.

Incomplete order forms will imply we are to use our discretion in selecting appropriate features and finishing. The vendor is responsible for charges incurred to rectify errors due to incomplete information.

DIAGNOSIS



Systemic conditions

- o Diabetes
- o Neuropathy
- o Arthritis - Rheumatoid
- o Arthritis - Osteo
- o Gout
- o Edema - Stabilized
- o Edema - Fluctuating

Mid/Hindfoot Conditions

- R L Charcot Marie Tooth (CMT)
- R L Equinus
- R L Pes Equino Varus
- R L Charcot Foot
- R L Pes Plano Valgus
- R L Partial Amputation MT-T
- R L Full Amputation MT-T

- R L Crush Injury
- R L Triple Arthrodesis
- R L Fixed Position of any joint _____

Other Conditions

- R L Leg Length Discrepancy
- R L AFO (please cast over brace)
- R L Other bracing _____

Condition not listed _____

Forefoot Conditions

- R L Bunion/Severe Hallux Valgus
- R L Taylor Bunionette
- R L Hallux Varus
- R L Metatarsalgia
- R L Fixed Hammer/Claw Toes
- R L Overlapping Toes
- R L Fixed Position of any digit
- R L Amputation of any digit(s)
Digits missing _____

CASTING & MEASURING



- o New Patient
- o Repeat - no changes to last
- o Repeat - changes to last/fit
- o Trial fitting (TF) Model

TF Required By: _____

Footwear Required By: _____

Information Sent

- o Measurements with socks
- o Podotracks/tracing w/o socks
- o STS sock w/o socks
- o Plaster cast w/o socks
- o BioFoam Box w/o socks
- o Lasts Provided
- o Photographs

Take measurements with socks (and braces if applicable) that the patient normally wears.

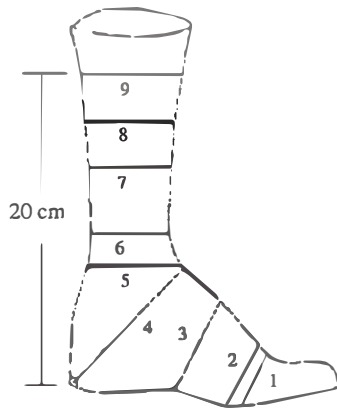
Weight Bearing

- o Ambulating
- o Transfers Only
- o Non weight bearing

It is important to receive all measurements for all types of footwear.

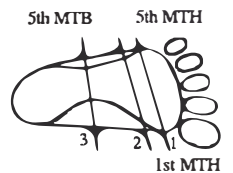
The more information we receive, the more accurate the footwear will be.

1. _____ cm
2. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm



Left

1. _____ cm
2. _____ cm
3. _____ cm
4. _____ cm
5. _____ cm
6. _____ cm
7. _____ cm
8. _____ cm
9. _____ cm
10. _____ cm



1. Ball
2. Waist
3. Span
4. Heel/Instep
5. Ankle
6. 10 cm from ground
7. 15 cm from ground
8. 20 cm from ground
9. 25 cm from ground
10. At desired boot height (state the ht of msmt.)