

Patient name: _____

Chart #: _____

Patient check list

Please mark the activities that you are not able to perform due to your foot condition.

- _____ Swimming
- _____ Walking _____ more than 1 block, _____ more than 5 blocks, _____ more than 10 blocks
- _____ Running
- _____ Jogging
- _____ Housework
- _____ Yard work
- _____ Driving
- _____ Yoga
- _____ Exercise
- _____ Work
- _____ Shopping
- _____ Climbing stairs

Where is your pain located specifically?

- _____ In the Bump
- _____ In the Toes
- _____ In the Joint
- _____ With shoes on
- _____ With shoes off
- _____ With motion in the Bump area
- _____ Without motion in the Bump area
- _____ With motion of the Joint
- _____ Without motion of the Joint

Patient signature

Date

Witness

Date