

Please fill out the following form prior to the event and email it back to: drkasschiro@gmail.com

First name:
Last name:
Date of birth:
Weight in lbs:
Gender: Please check 1 option.
☐ Male ☐ Female
Left foot size: Right foot size: (Please note: half sizes are available and please indicate a preferred size range, i.e.: Dr. Kass is a size 7.5 (so available size options would include: 7-7.5 or 7.5-8).
<u>Usual Shoe Type:</u> Please choose 1 option:
☐ Normal ☐ Wide ☐ Narrow
Orthotic Type: Please choose 1 option.
☐ Half/sulcus orthotic ☐ Full length orthotic
Shoe Style: Please indicate 1 desired shoe style in which you will use the orthotics mainly. Available options include: Runners Work-boot/Safety Shoe Men's Dress Shoe – Non- removable insole



☐ Men's Dress Shoe – Removable in	nsole
☐ Flats	
☐ Wedge/Heel	
☐ Skates	
☐ Cleats	
☐ Casual – Non-removable insole	
☐ Casual – Removable insole	
☐ Sandal	
☐ Other	
Orthotic Color and Patterns: Please sel	ect 1 option only.
Available Options Include:	Sweat Proof Options:
☐ Light blue	- Black
☐ Dark blue	- Navy Blue
☐ Black	- Tan
☐ Tan	
☐ Purple	
☐ Combination of: Pink/purple/blue	
☐ Combination of: Yellow/red/blue	camo
☐ Pink Camo	
☐ Orange Swirl	
<u>Diagnosis:</u> Please indicate why you are purchasing orthotics. Please check all that apply.	
☐ Low back pain	☐ Ankle instability
☐ Upper back pain	☐ Ankle sprains
☐ Hip arthritis	☐ Bunions
☐ Knee pain	☐ Plantar fasciitis
☐ Knee arthritis	☐ Achilles
☐ Bowed legs	tendinopathy/tendinitis
☐ Knocked knees	☐ Prevention/wellness
☐ Knee instability	☐ Other
☐ Foot pain	
☐ Hip pain	