| Hospital |  |
| :--- | :--- |
| Hospital No |  |
| Orthotist |  |
| First Name |  |
| Surname |  |
| MALE $\quad \square$ |  |
| Diagnosis, Build of Patient, Type of Gait, Degree of Swelling, Problems with present footwear, etc. |  |

Note: Please, make a drawing of patients' feet on the following two pages and fill in the relevant measures in the right column.

Circ. at level of med. malleolus mm .

Ht. of med. malleolus

Circ. of ankle above malleoli
mm .

Ht . of ankle measure mm .

Ht. of top upper mm .

Circ. at top of upper mm .

Circ. of leg at other heights

| 150 | mm. |
| :--- | :--- |
| 175 | mm. |
| 200 | mm. |
| 225 | mm. |
| 250 | mm. |
| 275 | mm. |
| 300 | mm. |
| 325 | mm. |
| 350 | mm. |

Stick size

| mm. |
| ---: |
| Ht. of dorsum <br> at foot instep |
| mm. |
| Foot length <br> Standing |
| mm. |
| Foot length <br> Seated |
| mm. |

Circ. at level of
med. malleolus
mm .

Ht . of med. malleolus mm.

Circ. of ankle above malleoli mm .

Ht. of ankle measure
mm.

Ht. of top upper mm .

Circ. at
top of upper
mm.

Circ. of leg at other heights

| 150 | mm. |  |  |  |
| :--- | ---: | :---: | :---: | :---: |
| 175 | mm. |  |  |  |
| 200 | mm. |  |  |  |
| 225 | mm. |  |  |  |
| 250 | mm. |  |  |  |
| 275 | mm. |  |  |  |
| 300 | mm. |  |  |  |
| 325 | mm. |  |  |  |
| 350 | mm. |  |  |  |
| Stick size |  |  |  |  |
|  |  |  |  | mm. |

Ht. of dorsum
at foot instep
mm.

Foot length Standing
mm .

## Foot length

Seated

