



Right

Left

Date of Evaluation: _____

	RIGHT	BILATERAL	LEFT
Foot Length and Width _____			
Arch Length _____			
Abduction _____			
Adduction _____			
Amputations _____			
Arches: Normal _____			
Pes Cavus _____			
Pes Planus _____			
Charcot Joint _____			
Dorsiflexion _____			
Equinus _____			
Eversion _____			
Flexible/Rigid _____			
Forefoot Valgus/Varus _____			
Gait Cycle _____			
Hair Present _____			
Hallux Rigidus/Limitus/Valgus/Varus _____			
Heel Valgus/Varus _____			
Inversion _____			
Leg Length Discrepancy _____			
Metatarsalgia _____			
Nails _____			
Pain or Discomfort _____			
Phalanges _____			
Plantar Flexion _____			
Plantar Keratosis _____			
Plantar Lesions _____			
Plantar Padding _____			
Pronation/Supination _____			
Skin Color _____			
Skin Sensitivity _____			
Skin Temperature _____			
Skin Texture _____			
Swelling _____			

Comments: _____

Evaluation DX: _____