



7786 Jeanne D'Arc Blvd North  
 Orleans, Ontario K1C 2R5  
 ☎ 613-830-5444  
 ☎ 613-830-1118  
 www.comfysoles.ca



Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

DOB: \_\_\_\_\_

**Please Check Diagnoses:**

- |                                                  |                                                      |                                           |
|--------------------------------------------------|------------------------------------------------------|-------------------------------------------|
| Pes Planus: <input type="checkbox"/>             | Pes Cavus: <input type="checkbox"/>                  | Overpronation: <input type="checkbox"/>   |
| Oversupination: <input type="checkbox"/>         | Metatarsalgia: <input type="checkbox"/>              |                                           |
| Plantar Fasciitis: <input type="checkbox"/>      | Morton's Neuroma: <input type="checkbox"/>           |                                           |
| Heel Pain: <input type="checkbox"/>              | Knee Pain, Patella Femoral: <input type="checkbox"/> |                                           |
| Hallux Valgus: <input type="checkbox"/>          | Hip Pain: <input type="checkbox"/>                   |                                           |
| O.A.: <input type="checkbox"/>                   | R.A.: <input type="checkbox"/>                       | Fibromyalgia: <input type="checkbox"/>    |
| Diabetic: Type I <input type="checkbox"/>        | Type II <input type="checkbox"/>                     | Lower Back Pain: <input type="checkbox"/> |
| Leg Length Discrepancy: <input type="checkbox"/> | L > R _____ cm                                       |                                           |
|                                                  | R > L _____ cm                                       |                                           |

Other: \_\_\_\_\_

**Please Check Recommendations:**

- Comfy Soles' Discretion:  Custom made foot Orthotics:   
 Orthopedic Footwear:  Custom Orthopedic Footwear:   
 Custom Orthopedic Modifications to Footwear: \_\_\_\_\_   
 Compression Hosiery: \_\_\_\_\_ mmHg  
 Other: \_\_\_\_\_

**Referring Physician:**

Name: \_\_\_\_\_

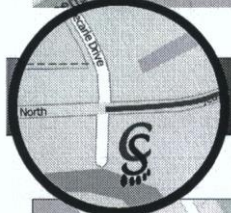
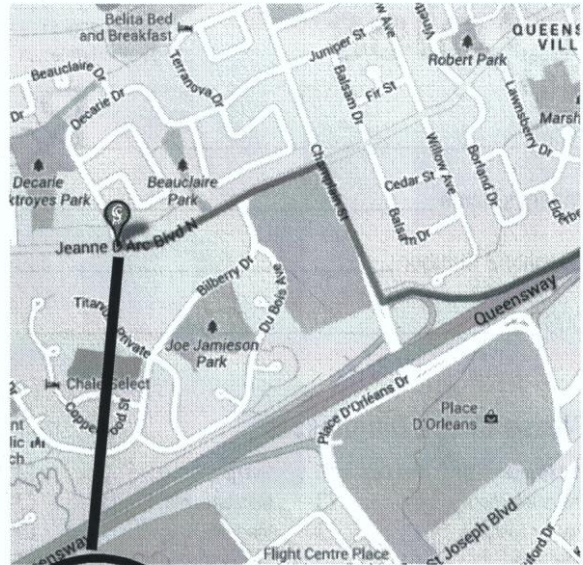
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

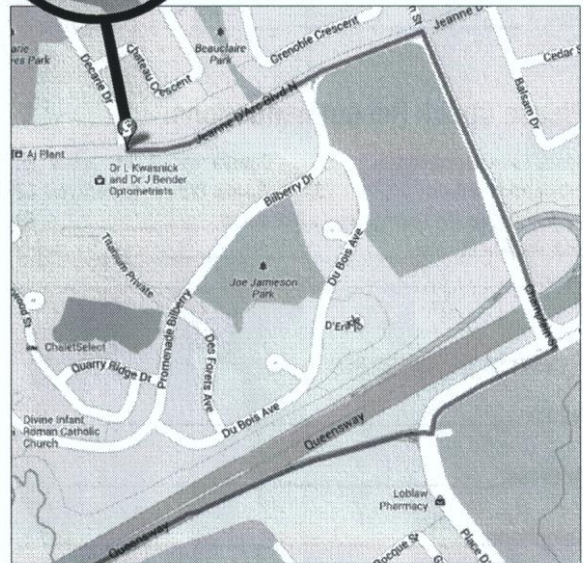
Reference #: \_\_\_\_\_

**Please Fax Your Referral and / or Give the Original Copy to Your Patient  
 To Schedule an Appointment**

**Directions from Ottawa East**



**Please call to Schedule an Appointment  
 Tel: 613-830-5444 Fax: 613-830-1118**



**Directions from Ottawa West**