

**The Prana Group
Orthotic Intake Form**

Last Name: _____ First: _____ Middle: _____

Age: _____ Birth date (m/d/y): _____ Gender: (circle one) Female Male Other

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Employer's Name: _____

How did you discover Prana? _____ If referred, name of the person who referred you: _____

Name of your Medical Doctor: _____

What other health care providers are you seeing, and their specialty? _____

What health conditions and/or diagnoses have you been given: _____

Please rank current & ongoing problems by priority and complete:

Describe reason(s) for Orthotics	Date	Mild/Mod/Severe	Treatment Approach	Success
Example: Plantar Fasciitis	Jan'06	Moderate	Supportive Sneakers	Moderate
1.				
2.				
3.				
4.				
5.				

Health Concerns

In general, would you say your health is? (circle one)

Excellent Very Good Good Fair Poor

Compared to one year ago, how would you rate your general health now?

- Much better than one year ago
- Somewhat worse now than one year ago
- Somewhat better now than one year ago
- Much worse than one year ago
- About the same

Please circle any condition you have now or have had in the past: (circle all that apply)

- | | | | |
|---------------------|-----------------------------|-------------------------|--------------------------------|
| Back pain | Chest pain | Colon/Stomach trouble | Auditory difficulties/deafness |
| Neck pain | Respiratory difficulty | Eye problems | Gall bladder problems |
| Shoulder/arm pain | Asthma | Liver trouble/Hepatitis | Mononucleosis |
| Hip/leg pain | High blood pressure | Seizures/convulsions | Thyroid disease |
| Sciatica | Poor circulation | Kidney problems | Skin problems |
| Arthritis | Heart attack/angina | Easy bruising | Difficulty urinating |
| Frequent infections | Stroke | Cancer | Orthotics (past or current) |
| Allergies/Sinusitis | Environmental Sensitivities | Prostate problems (Men) | Menstrual problems (Women) |
| Other: _____ | | | |

Health History

Have you ever (circle all that apply):

	Yes	No	If yes, explain when and why.
Been hospitalized	Yes	No	_____
Had a broken bone	Yes	No	_____
Had surgery	Yes	No	_____
Been bedridden for more than a week?	Yes	No	_____
Had x-rays, CAT scan or MRI?	Yes	No	_____
Had a work/vehicular accident related injury?	Yes	No	_____

Exercise

Would you classify your level of activity/exercise – light, moderate or high? _____

Are you currently in training or introducing a new form of exercise, please describe? _____

What forms of exercise do you do? and how often? _____

Are you currently experiencing symptoms, irritation or aggravation or limitation that your hope is orthotics may correct? _____

Orthotics with The Prana Group

The Prana Group offers custom made orthotic inserts worn to support proper foot biomechanics and overall posture. Most insurance companies may cover a portion of your orthotics. We recommend that you check with your private health insurance plan to confirm your coverage.

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.

New Patient/Practice Member’s Signature: _____ Date: _____

If New Practice Member is a minor (under 18 years of age):

Signature of parent or legal guardian: _____ Date: _____