

Advanced Family Chiropractic, LLC Dr. Steven J Meacham

(636) 327-3333

www.advancedhealth3333.com

Your Last Name			Gender	0 -	Today's Date (MM/DD/YYYY)		
Your First Name		Your Middle Name (or Initial)		○ Male ○ Female		Birth Date (MM/DD/YYYY)	
Email Address					Cell Phone		
It's easy to	take the tw	o feet we	were born with for	granted,	but just try	living life without them!	
Please (d	circle any Pre	evious or Curr	ent pain/issues you hav	e on both th	he LEFT and R	IGHT sides of your body.	
	LEFT				RIGHT		
	Current	Previous	Toe(s) pair	n	Current	Previous	
	Current	Previous	Heel pain		Current	Previous	
	Current	Previous	Ankle pair	1	Current	Previous	
	Current	Previous	Lower leg pa	ain	Current	Previous	
	Current	Previous	Knee pain	1	Current	Previous	
	Current	Previous	Upper leg pa	ain	Current	Previous	
	Current	Previous	Hip pain		Current	Previous	
	Current	Previous	Gluteal pai	n	Current	Previous	
	Current	Previous	Low back pa	ain	Current	Previous	
	Current	Previous	Bunions		Current	Previous	
Please mark any s	entences which	ch apply to yo	u.				
☐ I walk or run recreationally / competitively ☐ My feet have increased in size over the years							
☐ I have problems with prolonged standing or walking ☐ I am					m over the age of 40		
☐ I have problems with walking up stairs ☐ My sh					shoes wear out quickly or unevenly		
☐ I have or think I may have arthritis ☐ I cu				currently we	urrently wear orthotics in some or all of my shoes		
I am diabetic					o prevent future	e foot/ankle pain	
Would you like to g	get rid of these	problems?	Yes No No If y	our answe	r is YES, there	are alternatives available to you.	
☐ I would like to	watch a video	on Sole Sup	ports Orthotics.				
I would like to Orthotics with			ne doctor about my Surv	vey. This wi	ll allow me to lo	ook at the Sole Supports	
			to see the doctor for ar		•	examination, the doctor may	