



CUSTOM FOOT ORTHOTIC QUESTIONNAIRE

Simple 15-question form to help our lab build the best custom orthotic.
If unsure, choose the closest answer or select "Lab Recommendation."

Patient Name: _____ DOB: _____ Date: _____

Clinician / Office: _____ Phone: _____

Diagnosis / Main Complaint: _____

Shoe Size: _____ Height / Weight: _____

1	What is the main reason for the orthotic?	☐ Pain relief ☐ Pressure relief	☐ Comfort / support ☐ Diabetic protection	☐ Improve walking / balance ☐ Post-op support	☐ Sports / activity ☐ Other: _____
2	What seems to be the main foot problem?	☐ Flat feet / rolls inward ☐ Big-toe / bunion pain ☐ Other: _____	☐ High arches ☐ Diabetes / neuropathy	☐ Heel pain ☐ Ankle instability	☐ Ball-of-foot pain ☐ Not sure / lab assess
3	How much support does the patient seem to need?	☐ Maximum control ☐ Soft cushioning	☐ Moderate support ☐ Pressure relief only	☐ Light support ☐ Not sure	
4	Which foot needs the most help?	☐ Right	☐ Left	☐ Both equally	
5	What best describes the foot shape?	☐ Flat	☐ Neutral	☐ High arch	☐ Different L / R ☐ Not sure
6	What do you notice most when the patient walks?	☐ Rolls inward ☐ Pain when pushing off	☐ Rolls outward	☐ Limping / uneven gait ☐ Not sure	☐ Early heel lift / tight calf
7	What is the main goal for the lab?	☐ Control heel / ankle ☐ Improve push-off	☐ Support the arch ☐ Improve balance	☐ Reduce pressure ☐ Comfort first	☐ Improve cushioning
8	Where is the main pain or pressure?	☐ Heel ☐ Ball of foot	☐ Arch ☐ Big toe	☐ Inside arch / navicular ☐ Toes	☐ Outside foot ☐ Other: _____
9	Any skin or safety concerns?	☐ Diabetes ☐ Current ulcer	☐ Neuropathy / numbness ☐ Charcot	☐ Callus ☐ Fragile skin	☐ Past ulcer ☐ None
10	What type of shoe will the orthotic be worn in most often?	☐ Athletic shoe ☐ Casual shoe	☐ Walking shoe ☐ Cleat	☐ Work boot ☐ Hiking boot	☐ Dress shoe ☐ Other: _____
11	What is the patient activity level?	☐ Low	☐ Daily walking	☐ Active	☐ Athlete ☐ Child / growing
12	What type of orthotic feel is preferred?	☐ Firm and supportive ☐ Lightweight	☐ Semi-rigid ☐ Maximum cushioning	☐ Soft ☐ Lab Recommendation	☐ Thin for dress shoe
13	Any special features requested?	☐ Deep heel cup ☐ Extra arch support	☐ Heel lift ☐ Pressure relief area	☐ Met pad ☐ Top cover cushioning	☐ Extra forefoot cushion ☐ Lab Recommendation
14	What is the most important outcome?	☐ Pain reduction ☐ Performance	☐ Comfort ☐ Durability	☐ Stability ☐ Balance	☐ Pressure relief
15	May XLAB optimize the orthotic design if the scan and findings suggest a better option?	☐ Yes - Use XLAB Clinical Judgment ☐ Fabricate exactly as written			
		☐ Contact me before changes			

Additional Clinical Notes:

LAB USE ONLY

Design Type: _____ Material: _____ Posting / Modifications: _____

Top Cover: _____ Technician: _____ Final Approval: _____