

# The DiABETiC Shoppe

6629 MS Highway 32 E ~ Charleston, MS 38921  
Toll-Free Phone: 1-888-571-3533 ~ Toll-Free Fax: 1-888-377-2224

## Orthosis Treatment and Evaluation Form

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

Pain is located in: Back    Upper     Lower   
                          Knee    Right     Left     Both   
                          Ankle    Right     Left     Both   
                          Wrist    Right     Left     Both

Have you talked to your dr about this pain? \_\_\_\_\_

Can we contact your doctor about this item? \_\_\_\_\_

How did you injure your( \_\_\_\_\_

### PATIENT PROFILE

Ambulation: Independent     Cane     Walker     Wheelchair

Height: \_\_\_\_\_    Weight \_\_\_\_\_

### Recommendations:

L0631	Back Brace (upper)	<input type="checkbox"/>			
L0627	Back Brace (lower)	<input type="checkbox"/>			
L1832	Knee Brace	<input type="checkbox"/>	Right <input type="checkbox"/>	Left <input type="checkbox"/>	Both <input type="checkbox"/>
L1971	Ankle Brace	<input type="checkbox"/>	Right <input type="checkbox"/>	Left <input type="checkbox"/>	Both <input type="checkbox"/>
L3807	Wrist Brace	<input type="checkbox"/>	Right <input type="checkbox"/>	Left <input type="checkbox"/>	Both <input type="checkbox"/>
L1951	Drop Foot Device	<input type="checkbox"/>	Right <input type="checkbox"/>	Left <input type="checkbox"/>	Both <input type="checkbox"/>

Measurements:    Waist (around navel) \_\_\_\_\_

                          Thigh (6" above patella) \_\_\_\_\_

                          Ankle (shoe size) \_\_\_\_\_

                          Wrist (at ulna prominence) \_\_\_\_\_

                          Drop Foot Device (shoe size) \_\_\_\_\_

Notes \_\_\_\_\_

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

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



Accredited by  
The Joint Commission