PHYSICIAN CONSULT CHECKLIST

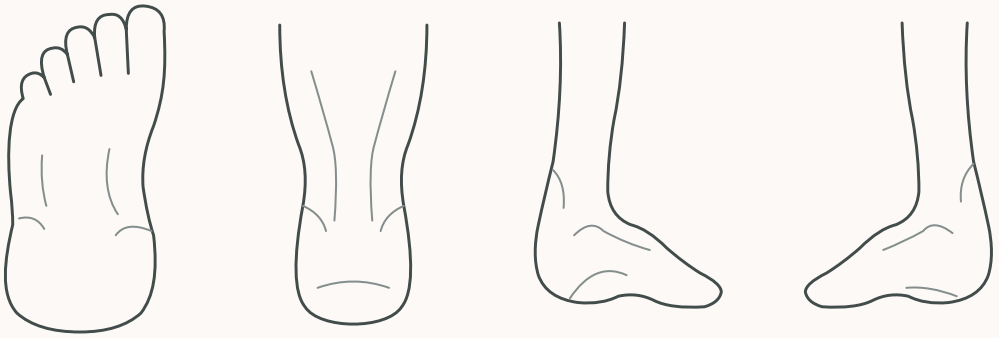
Adult flatfoot symptoms

Name _____ Visit date _____

Mark where you feel it

Side (left, right, or both) _____

Write a letter where you feel each symptom. Use more than one letter if needed.



Top | Back | Inner side | Outer side

N Numbness **P** Pins & Needles **B** Burning / Aching **S** Stabbing

What I want my physician to know

Describe how your arch shape, shoe fit, or walking comfort changed over time.

I used to be able to… Now I struggle with…

It started… It feels better or worse when…

I've tried… It helped for…

The main thing I want to decide or do is…

What to bring or send

Bring older foot images or photos if they show a change and list any inserts tried.

- [ ] Prior images and written reports, if available
- [ ] Checked the scan date, body area and side
- [ ] Confirmed the office can open the image files
- [ ] Relevant visit and therapy notes, medication and allergy list

Image date, type and where it was done

What I still need to request or confirm

Questions to ask

- [ ] What will you look for when I stand and walk?
- [ ] What practical goal could guide a discussion about support?
- [ ] If I have prior images, would they help answer today's question? Would another test change the plan?

What will I do next, and when will we check in?

One small improvement I want to notice

Notes from my visit