PHYSICIAN CONSULT CHECKLIST

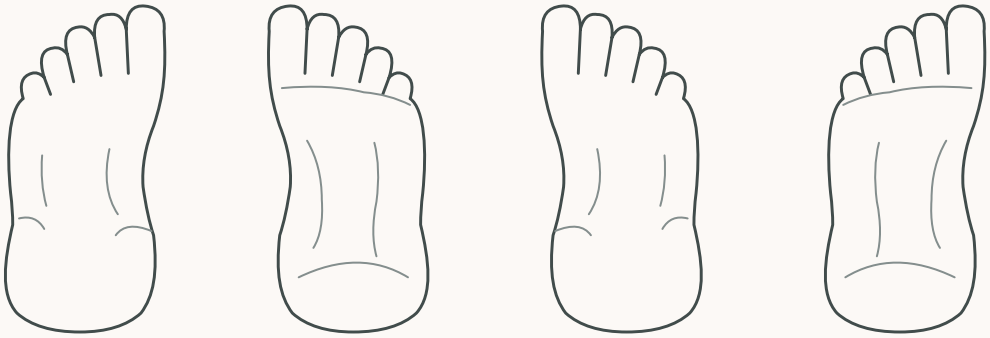
Pain in the ball of the foot

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.



Left top | Left sole | Right top | Right sole

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

What I want my physician to know

Mark which toe or area it sits under and compare shoes, walking barefoot, or time standing.

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 a list of shoes, pads, or inserts you tried and their effects.

- ☐ 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 check under the toes and ball of my foot?
- ☐ How can we compare comfort across the shoes I need to wear?
- ☐ 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

_____

_____