SUMMER FOOT SCREENING CLINIC

Are your kids struggling with:

- Flat feet
- Balance
- In/Out toeing
- Poor coordination
- Foot Pain
- Toe walking

Bring your kids for a FREE foot screening

and fitting with littleSTEPS® foot orthotics

Day and Date • Time

Call for an appointment or for more information

Logo

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Make sure your kids are ready for summer fun!

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Summer Foot Screening
For Kids!
Day, Date and time
Address, city state
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Ages 1-17 Welcome!

Logo

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Call for more information

Name of Business
Address, sity state zip
website

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Name of Business
Address, sity state zip
website

Refer Patients to our upcoming Summer Pediatric Foot Clinic

Day and Date • time

CLINIC LOCATION:

Business Name location address, City, State, Zip

Send kids to our clinic if they are experiencing:

- Flat feet
- In/Out toeing
- Foot Pain
- Balance
- Poor coordination
- Toe walking

The Clinic Includes:

- FREE Foot Exam/Gait Analysis
- Possible Test Fitting with Prefab Orthotics littleSTEPS®
- Recommendations for Future Treatment

For Kids ages 1-17

Parents interested in bringing their kids can register by calling

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or online at businessname.com

Logo

SIGN ME UP FOR THE SUMMER FOOT SCREENING CLINIC

Day and Date • Time

Ages 1-17 Welcome!

Logo

000.000.0000
Call for more information

Name of Business
Address, sity state zip
website

Name	Adult/Child	Shoe Size	Email (for confirmation)	Phone

SUMMER FOOT CLINIC REGISTRATION RECEIPT

Day and Date • Time

Ages 1-17 Welcome

Tell Your Friends!

BRING THIS TO THE CLINIC AND GET SPECIAL PRICES ON littleSTEPS® foot orthotics

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CLINIC REGISTRATION FORM

Patient's Name:_____ Date of Birth:_____

Home Phone:_____SS#:_____

Parent Phone:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Parent E-Mail Address:_____
For Future Specials/Refurbishment Reminders*

Person to contact in case of emergency:_____ Phone:_____
(Closest relative not living with you)

Was this due to an accident? Y N Auto_____ Work_____ Other_____

Where were you injured?_____ Date of Injury:_____

Height:_____ Weight:_____ Shoe Size:_____ Shoe Style:_____

Primary Care Physician:_____ Phone:_____

Referring Physician:_____ Phone:_____

Allergies:_____

Current Medications:_____

How did you hear about us?:

❑ Mailer ❑ Poster ❑ Referred by a friend ❑ Referred by a practitioner ❑ Website
❑ Email Name of website/Practitioner:_____

Patient or Parent/Guardian Signature:_____ Date:_____

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