

# FALL FAMILY FOOT SCREENING CLINIC

Are you struggling with:

- 👣 Runner's Knee
- 👣 Stress Fractures
- 👣 Ankle Pain or Instability
- 👣 Shin Splints
- 👣 Plantar Fasciitis
- 👣 Pain
- 👣 Fatigue

Are your kids struggling with:

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

## Come for a FREE foot screening

and fitting with **littleSTEPS**<sup>®</sup> or **QUADRASTEP**<sup>®</sup> foot orthotics

date • time

Call for an appointment or for more information

**000.000.0000**



logo Address, city, state, website and email

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Fall Foot Screening  
for Adults and Kids  
Your Date and time  
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and fitting with littleSTEPS® or QUADRATESTP® foot orthotics for Adults and Kids ages 1-17

logo

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# Refer Patients to our upcoming Fall Family Foot Screening Clinic

For Adults and Kids ages 1-17

date • time

Send adults to our clinic if they are experiencing:

- 👣 Runner's Knee
- 👣 Shin Splints
- 👣 Pain
- 👣 Stress Fractures
- 👣 Plantar Fasciitis
- 👣 Fatigue
- 👣 Ankle Pain or Instability

Send kids to our clinic if they are experiencing:

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

## The Clinic Includes:

- FREE foot exam/gait analysis
- Test fitting with prefab orthotics (QUADRASTEPS or littleSTEPS)
- Recommendations for future treatment

Adults or parents interested in bringing their kids can register by calling

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or online at [www.\(yoursite.com/clinic\)](http://www.(yoursite.com/clinic))



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# FALL FAMILY FOOT SCREENING CLINIC REGISTRATION RECEIPT

000.000.0000

date  
time

BRING THIS TO THE  
CLINIC AND GET  
SPECIAL PRICES ON

littleSTEPS® or  
QUADRASTEP®

foot orthotics

Tell your friends!

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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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(QUADRASTEPS  
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- Recommendations for  
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Website Graphic