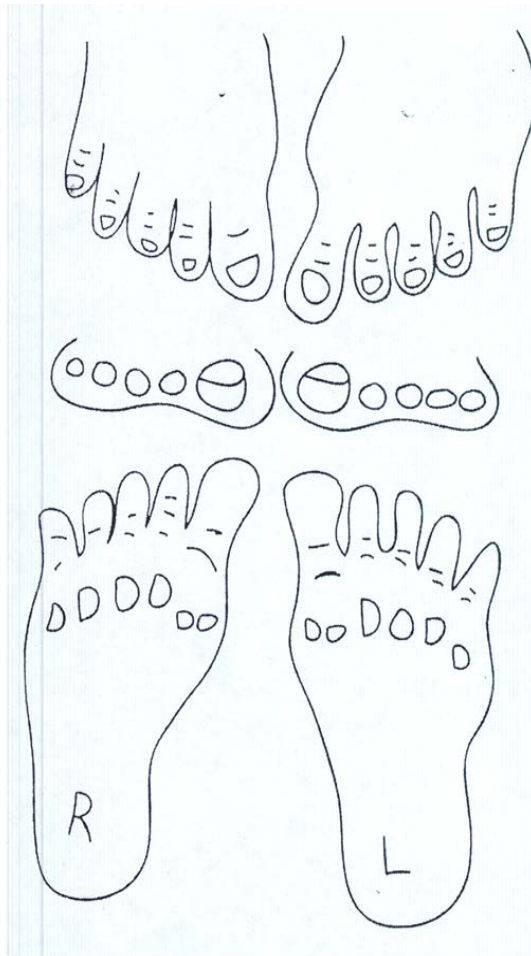


Where Does it Hurt?

On the diagram below please mark the place(s) where you are experiencing pain in your feet.



Regarding the place(s) you marked above, Describe the pain you experience, for instance mild, moderate, severe, throbbing, burning, etc.: _____

Patient Signature: _____ Date: _____

