



**SIMPLE INSOLE TEMPLATE FORM**

Practitioner's Name.....

Clinic Address .....

Patient's Name .....

Patient's Weight..... lbs

Patient's Occupation.....

Patient's Shoe Size .....(uk)













Presenting Complaint/s .....

**Base**

- Cork
- 1mm EVA
- ppt 3mm fabric backed

**Cover**

- Vinyl
- Suede
- Neoprene
- Plastazote P-Cell

- Medial Scaphoid (Arch) Pad**  
- Metatarsal Pad**  
- Metatarsal Bar**  
- Heel Raise**  
- Lateral Rear foot Wedge.....°**  
- Medial Rear foot Wedge.....°**  
- P.M.P Balance Pad**  
**"u" .....** ?   
**3.2 / 6.4mm .....** ?
- Mortons Extension**  
- Cobra Pad**  
- Heel Cushion**  
- Dancer's Pad**  
- Reverse Mortons Extensions**  

Right

Draw around the foot. Identify the 1st and 5th m.t.head. Identify start and finish of medial arch. For balance pads identify each met head