

Steven J Marder, DPM, FACFAS
FELLOW, AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS
DIPLOMATE, AMERICAN BOARD OF PODIATRIC SURGERY
BOARD CERTIFIED IN FOOT SURGERY
1049 BROADWAY, WEST LONG BRANCH, NJ 07764 • 732-870-9700

Heel Pain Questionnaire

If you are here today for heel pain, please fill out the following information:

Where do you feel the pain? (circle one):

Heel Arch of foot Ankle/back of heel

Length of time suffering with pain (circle one):

0-6 weeks 6-12 weeks 3-6 months 6-9 months greater than 9 months _____

Level of pain today (circle one): 1 2 3 4 5 6 7 8 9 10

Treatments tried prior to today (circle all that apply):

Motrin/Tylenol Icing Stretching New shoes Store-bought shoe inserts

Other: _____

Have you been to another doctor? YES NO

If yes, when? _____

What treatments were you given? _____

Other comments: _____

Signature: _____

Date: _____