

# LAWALL

PROSTHETIC & ORTHOTIC SERVICES

## Diabetic Shoe Doctor Questionnaire

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### Podiatrist:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Have you had an in person foot exam within the past 3 months? **YES NO**

Were you given a RX for diabetic shoes and inserts at the time of that visit? **YES NO**

### Medical Doctor Treating Diabetes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Have you seen your doctor in the past 3 months for your diabetic condition? **YES NO**

**\*\*Please advise the staff if you are seen by a Nurse Practitioner and not an MD or DO.\*\***

Do you take medicine to control your diabetes? **YES NO**

Have you had blood work within the past 6 months to check your sugars? **YES NO**

Do you see your primary doctor or podiatrist for foot care? \_\_\_\_\_

**If you have not seen your doctors in the past 3 months or you have seen a NP for your diabetic care, you must schedule an appointment with your doctor or podiatrist to obtain the information needed to proceed with your diabetic shoes. Your insurance company has very strict guidelines that our company must follow and meeting these guidelines sometimes takes longer than planned. The company will be sending paperwork to your doctors for signatures and will also be requesting office notes. Once we receive the clinical documentation; we will start the fabrication of your diabetic footwear.**

**This process could take 6 to 8 weeks to complete before your items are ordered. We appreciate your patience and we will call you if your assistance is needed.**

**Patient signature** \_\_\_\_\_ **Date** \_\_\_\_\_