

# SeffShoe™ Customised Footwear

## History Form

Sr. No. Name: Sex: Age: Date:

Height: Wt: BMI: Smoking:  Alcohol:  Diabetes:

Diabetes duration: HbA1C:

Address:

Mobile: Phone:

### Life Style

**Daily Working style:** Mostly Standing:  Sitting:  Walking:

**Out of House Walk:** Uneven Roads:  Concrete Roads:  Plane surfaces:

Walking duration:

**Inside House walk:** Slippery surface:  Normal surface:

### Neuropathy States:

Sensitometer-VPT Sites	Thresholds	1 <sup>st</sup> MTH	3 <sup>rd</sup> MTH	5 <sup>th</sup> MTH	Medial arch	Heel
------------------------	------------	---------------------	---------------------	---------------------	-------------	------

**Volts Left**

**Volts Right**

**Monofilament 10 gms**

**Left**

**Right**

**Remarks:** Normal Foot:  Neuropathic Foot:  Foot at risk:  Foot at High risk:

**Ulcer History:** If Ulcerated: Ulcer Description: Depth Area

Infected:  Granulated:

### Foot Examination :

**Nails:** Pink  Pale  Yellowish  Darker  Black  Brittle  Thick   
Waves  Removed  Ingrown  any other

**Vascularity:** Press test skin darkening Dorsalis pedis Lt. Rt.  
Posterial Tibial Lt. Rt. (palpable yes/no) any other

**Arch:**

**Skin:** Cracked skin:  Dry skin:  (Mention Sites) Callus Corns Boils Swelling  
Thickening of skin any other:

**Protruding Bones :Left** MTH 1 2 3 4 5 Big toe Small toe (Mark site on Foot Map if necessary)

**Protruding Bones :Right** MTH 1 2 3 4 5 Big toe Small toe (Mark site on Foot Map if necessary)

**Foot :** (In supine position. Mention Degree) **Left:**

Proper Exo-rotated Intro-Rotated Dropped Supinated Pronated Foot drop  
Rigid ankle Big Toe Flexion any other

**Right:**

Proper Exo-rotated Intro-Rotated Dropped Supinated Pronated Foot drop  
Rigid ankle Big Toe Flexion any other

**Amputation if any:**

**Thermometry:** (Mention if Diff. more than 4° F and Site)

A/B Index :Lt Rt Toe Pressure :Lt Rt Complaints:

**Footwear used:** (Type and Brand)

Recommendations: For Home use For Outdoor use

Follow up Visit After Six Months  or After 15 Days  After Healing of ulcer

Other

Investigator

Centre:

100% Advance

Order: Item 1: Item 2 Item 3 Testing P & F Total

Advance

Balance

Paid By

Received By

**GOREGAON CENTRE. (Main) \* \*\***  
O-D, Uttung, Samantwadi,  
Off Sonawala Road,  
Goregaon (E), Mumbai - 400 063  
Mobile : 9833410235, 9833410231

**गोरेगांव सेंटर (मुख्य)\* \*\***  
ओ-डी, उत्तुंग, सामंत वाडी,  
सोनावाला रोड लगत,  
गोरेगांव (पूर्व), मुंबई - ४०० ०६३.  
मो. ९८३३४१०२३५, ९८३३४१०२३९

# SeffShoe™ Customized Footwear

For YOUR Feet Only

## **GOREGAON CENTRE. (Main) \* \*\***

O-D, Uttung, Samantwadi,  
Off Sonawala Road,  
Goregaon (E), Mumbai - 400 063  
Mobile : 9833410235, 9833410231

## **MULUND CENTRE**

Aditi Hospital, 185 Alhad,  
Opposite Sports Complex,  
Near Kalidas Theater,  
Mulund (West), Mumbai - 400 080.  
Mobile : 9833410235 Phone : 25618630.  
**Sat 3 to 5 PM**

## **KOLHAPUR CENTRE\***

Yugandhar Hospital,  
Kolhapur - 416 006

## **MYSORE CENTRE**

D. No. 368, first Floor,  
Swimming Pool Road,  
Saraswathipuram,  
Mysore 570 009  
Ph 0821 6567352

## **PUNE CENTRE 1**

2, Geeta Apartments  
Shitole Nagar, Sangvi,  
Pune. 411027  
Mo. No. 9860444422

## **NAGPUR CENTRE**

Mo. No. 9823046245

## **MADURAI CENTRE**

Mo. No. 9245770271

## **गोरेगांव सेंटर (मुख्य)\* \*\***

ओ-डी, उत्तुंग, सामंत वाडी,  
सोनावाला रोड लगत,  
गोरेगांव (पूर्व), मुंबई - ४०० ०६३.  
मो. ९८३३४१०२३५, ९८३३४१०२३९

## **मुलुंड सेंटर**

आदीती हॉस्पिटल, १८५ आल्हाद,  
स्पोर्ट्स कॉम्प्लेक्स समोर,  
कालिदास नाट्यगृहा जवळ,  
मुलुंड (पश्चिम), मुंबई - ४०० ०८०.  
मो. ९८३३४१०२३५ • फोन: २५६१८६३०  
शनिवार: दुपारी ३ ते ५

## **कोल्हापूर सेंटर \***

युगंधर हॉस्पिटल  
कोल्हापूर - ४१६ ००६.

## **मैसूर सेंटर**

डी. नं. ३६८, पाहिला मजला,  
स्वीमींग पूल रोड, सरस्वतीपूरम्,  
मैसूर ५७० ००९  
फोन: ०८२१ ६५६७३५२

## **पुणे सेंटर**

२, गीता, अपार्टमेंट,  
शितोळे नगर, सांगवी  
पुणे ४११०२७७,  
मो. ९८६०४४४४२२२

## **नागपूर सेंटर**

मो. ९८२३०४६२४५२

## **मदुरै सेंटर**

मो. ९२४५७७०२७९

SeffShoe Diabetic Footwear,

3,B, Uttung chs, Samant Wadi, off Sonawal Road, Goregaon East, Mumbai 400 063

Contact : +91 9833410235 +91 9833410231 +91 9819526756 +91 22 26863711

Email : dhansai@gmail.com

Websites : www.dhansai.com www.seffshoe.com

# SeffShoe™ Customized Footwear Price list

Rubber Sole Slipons	Price	Boots	Price
1. Slipon Ladies	800/-	1. A to D Nos	3250/-
2. Slipon Gents	900/-	2. Ladies	3500/-
3. Extra Large O to R	1000/-	3. Gents	3700/-
		4. Extra Large O to R	3900/-
<b>High Grip Slipons</b>			
1. Slipon Ladies	1300/-	<b>Callus Cap</b>	36/-
2. Slipon Gents	1450/-	<b>Heel Cap</b>	100/-
3. Extra Large O to R	1600/-	<b>Pressure Socks</b>	500/-
<b>Cords slipons</b>		<b>Molded Cradle Insole</b>	4500/-
1. Extra	200/-	<b>Packing and Forwarding</b>	75/-
<b>Sandals General</b>		<b>Foot/Gait Testing</b>	300/-
1. Sandals Ladies	1400/-	<b>Sensitometer-VPT Test</b>	100/-
2. Sandals Gents	1550/-	<b>Sensitometer-HCP Test</b>	200/-
3. Extra Large O to R	1750/-	<b>PRADIP Pad Test</b>	300/-
<b>Sandals Leather</b>			
1. Sandals Ladies	1700/-		
2. Sandals Gents	1800/-		
3. Extra Large O to R	1900/-		
<b>Sandals Diabetic</b>			
1. Sandals Ladies	2500/-		
2. Sandals Gents	2650/-		
3. Extra Large O to R	2800/-		
<b>Shoes</b>			
1. 1 to 4 Nos.	3000/-		
2. Ladies	3150/-		
3. Gents	3300/-		
4. Extra Large O to R	3500/-		