

Client Information

Name:		Date:	
Address:	M <input type="checkbox"/>	D.O.B:	Height: mm
	F <input type="checkbox"/>	Age:	Weight: kg
		PH (Hm):	(M):
		Funding: <input type="checkbox"/> Priv <input type="checkbox"/> MASS <input type="checkbox"/> Other	
Location for appointment:			

Medical Details DIAGNOSIS/DISABILITY:			
Specify:	Yes	No	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Dislocated hips L / R <input type="checkbox"/>
Cardiovascular difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Pain <input type="checkbox"/> <input type="checkbox"/>
Breathing difficulty	<input type="checkbox"/>	<input type="checkbox"/>	(location & severity)
Swallowing difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Area(s) <input type="checkbox"/> <input type="checkbox"/>
Asymmetrical posture	<input type="checkbox"/>	<input type="checkbox"/>	(location & severity)
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Tone: (Describe)
_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	

Measurements

Actual Body Measurements

A	mm	I	mm
B	mm	J	mm
C	mm	K	mm
D	mm	L	mm
E	mm	M	mm
F	mm	N	mm
G	mm	O	mm
H	mm	Widest	(if assymetrical) mm

To Measure:

Client should be supported in upright sitting on a firm surface with feet flat. Please provide "body" not "wheelchair" measurements.

Actual Body Measurements in millimetres.

- A. Height from seat surface to top of head.
- B. Height from seat surface to top of shoulder.
- C. Height from seat surface to armpit.
- D. Height from seat surface to base of scapular.
- E. Height from seat surface to elbow (arm at side with elbow bent at right angles).
- F. Height from seat surface to hip.
- G. Width from behind knee to backrest.
- H. Height from heel to back of knee.
- I. Foot length from heel to tip of big toe
- J. Chest depth from front of body to seat back
- K. Shoulder width.
- L. Chest width.
- M. Hip width (from greater trochanter to great trochanter).
- N. Space between knees when comfortably seated (from inside edge of left knee to out inside of right knee).
- O. Width from outer edge of left knee to out edge of right knee.

