

PATIENT MEASUREMENT RECORD

Name: _____ D.O.B: _____

Diagnosis: _____

Current Equipment: _____

Height: _____ Weight: _____ M / F

Date Measurements Taken: _____

By Whom: _____

Please state actual client measurements in mm.

1 Top of head to seat: _____

2 Top of shoulder to seat: _____

3 Under armpit to seat:
(Axilla Height) _____

4 Actual sitting depth: _____

5 Shoulder width: _____

6 Chest Width:
(Arm Pit to Arm Pit) _____

7 Hip width: _____

8 Left leg drop: _____

9 Right leg drop: _____



