

Client Information

First Name:

Last Name:

Diagnosis:

Address 1:

Address 2:

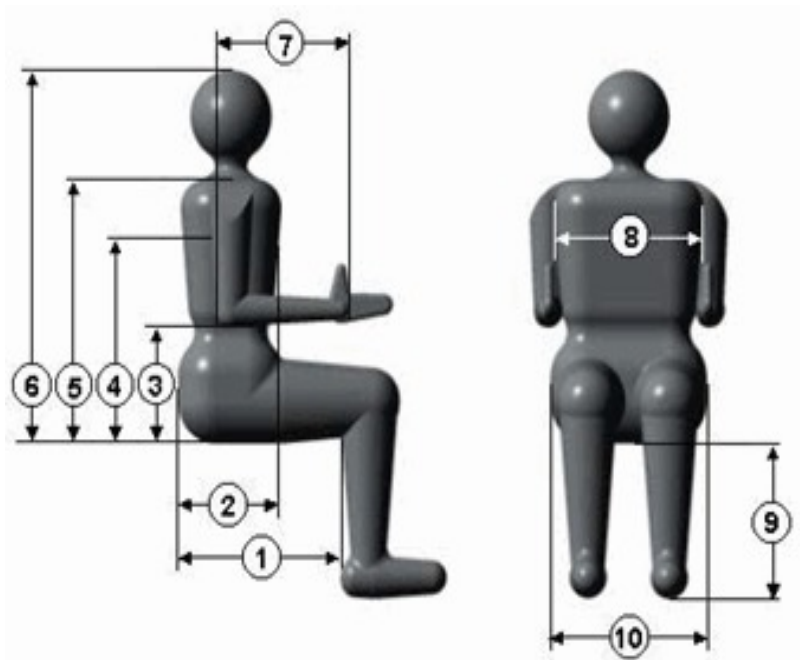
Postal code:

City:

Country:

Phone:

e-mail:



Client Measurements

Weight:

kg

st/lb

Height:

cm

ft/in

1) Upper leg length:

cm

in

2) Chest Depth:

cm

in

3) Seat pan to elbow:

cm

in

4) Arm pit height:

cm

in

5) Top of shoulders:

cm

in

6) Top of head:

cm

in

7) Elbow to Hand:

cm

in

8) Chest width:

cm

in

9) Knee to Foot:

cm

in

10) Hip width:

cm

Controls on left or right: