

NAME _____ Sex: M F Age _____ Weight Kg _____ Height **U** cm _____

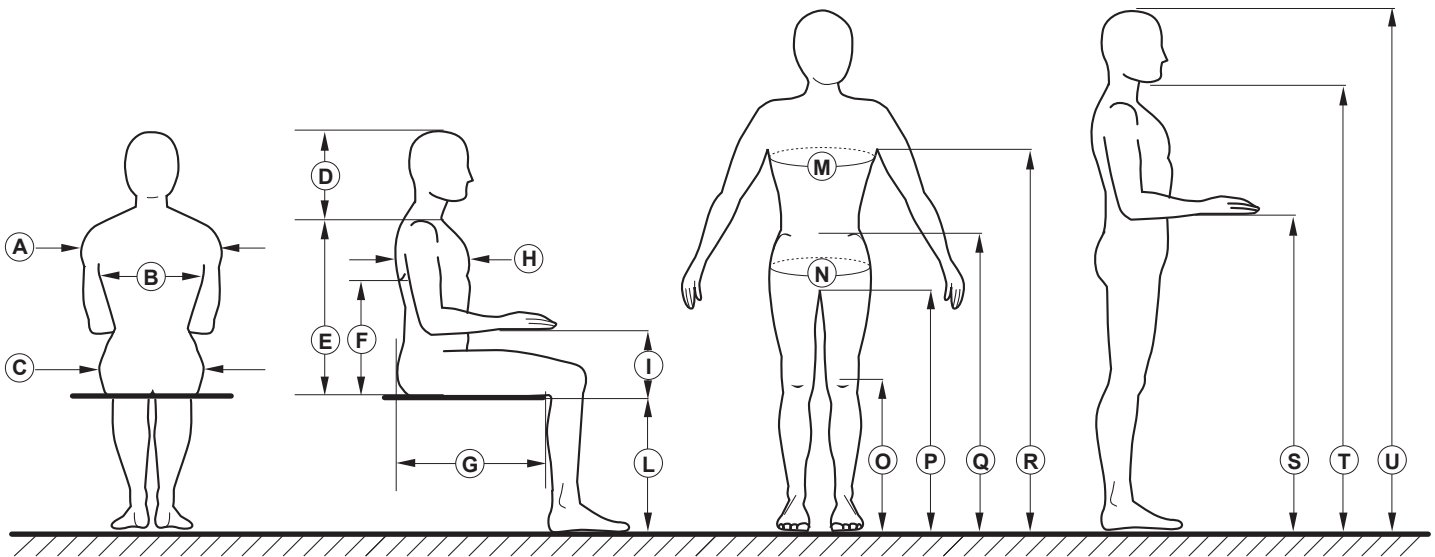
Address _____

Service _____ Ward _____

Disorder _____

Supplier _____

Comments _____



ATTENTION! MEASUREMENTS REFER TO: USER AID

STROLLER/WHEELCHAIR:

- A** Shoulder width cm _____
- B** Trunk width cm _____
- C** Pelvic width cm _____
- D** Shoulder to head cm _____
- E** Seat to shoulder cm _____
- F** Seat to shoulder blade cm _____
- G** Back of the knee to buttocks ..cm _____
- H** Chest depth cm _____
- I** Seat to elbow cm _____
- L** Ground to back of the knee ..cm _____

STANDER:

- O** Ground to knee cm _____
 - P** Ground to groin cm _____
 - R** Ground to axilla cm _____
 - S** Ground to elbow cm _____
 - T** Ground to chin cm _____
- TRICYCLE:**
- N** Pelvic circumference cm _____
 - P** Ground to groin cm _____
 - V** Shoe size, length cm _____

WALKER:

- M** Chest circumference cm _____
- N** Pelvic circumference cm _____
- P** Ground to groin cm _____
- Q** Ground to iliac crest cm _____
- R** Ground to axilla cm _____
- S** Ground to elbow cm _____



Sheet compiled by: _____

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