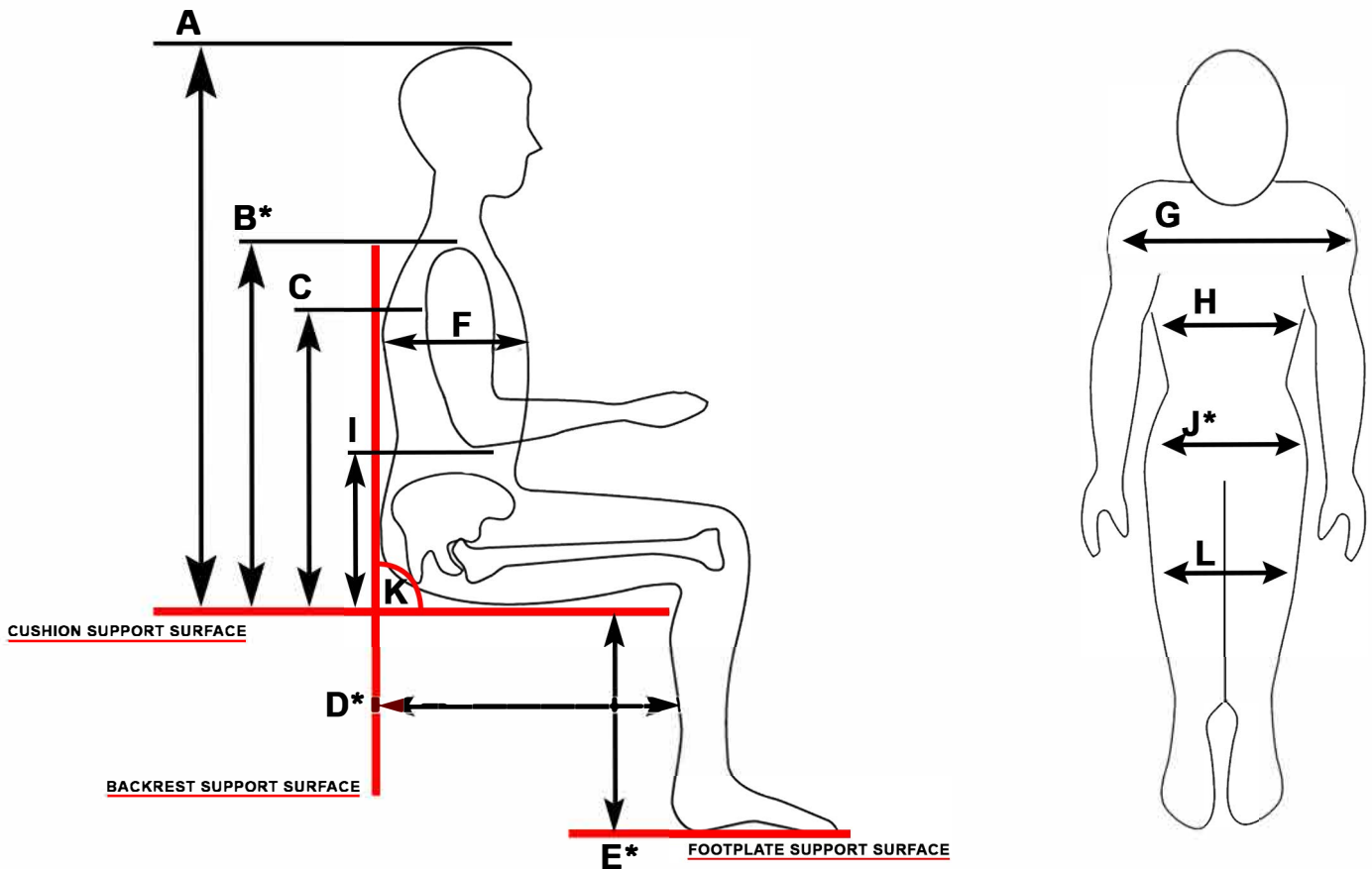


Wheelchair Measurements Form

Clients Name: _____

Therapist: _____



A	Top of head to Cushion support surface _____mm	E	Footplate to top of cushion _____mm	I	Armrest Height _____mm
B	Top of shoulders to Cushion support surface _____mm	F	Trunk depth _____mm	J	Hip width _____mm
C	Armpit to Cushion support surface _____mm	G	Shoulder width _____mm	K	Backrest angle _____°
D	Seat Depth (Backrest support surface to front of seat cushion) _____mm	H	Chest width _____mm	L	Width at knees (outside measurement) _____mm

Notes:

* Indicates mandatory fields - you must submit these dimensions. All measurements from support surfaces.
Photos tell 1000 words :)