

Date

Address

Tel Home

Assessor

Mobile

Mobile

Client Name

Email

Therapy Contact

Family/Guardian Contact

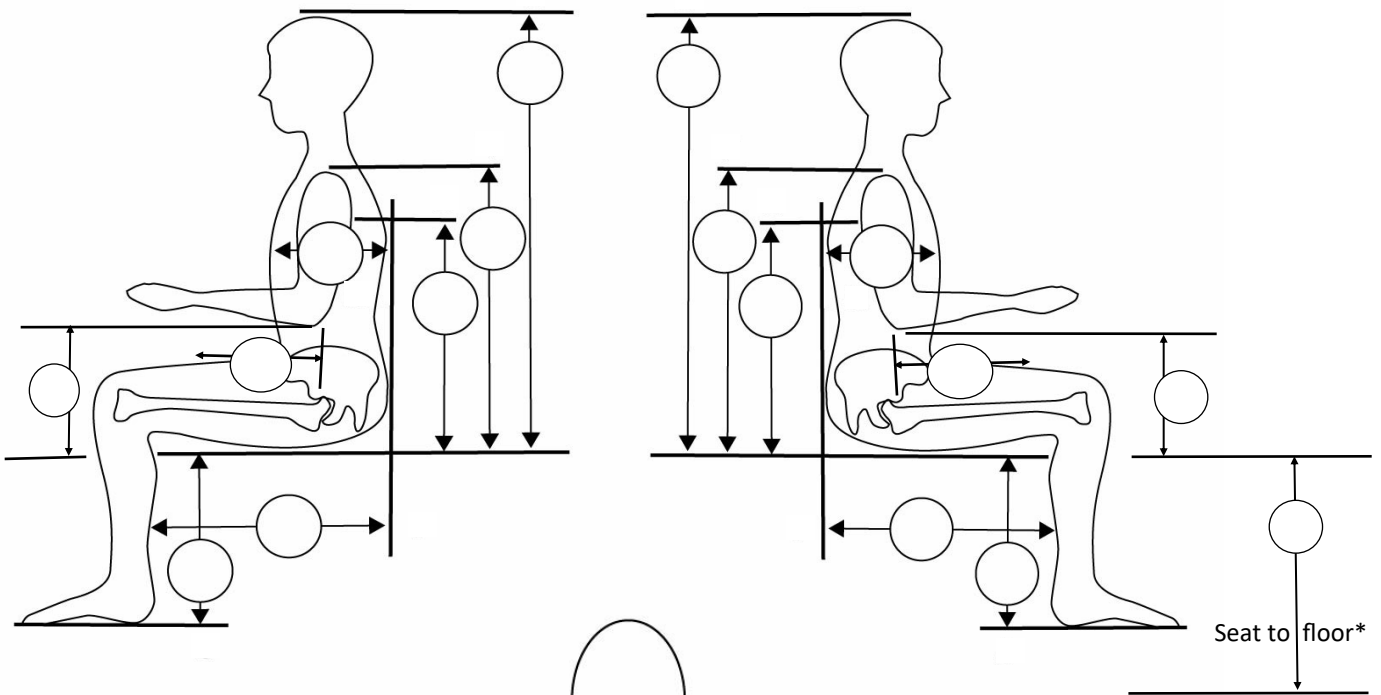
Product

Relevant Diagnoses

Reference

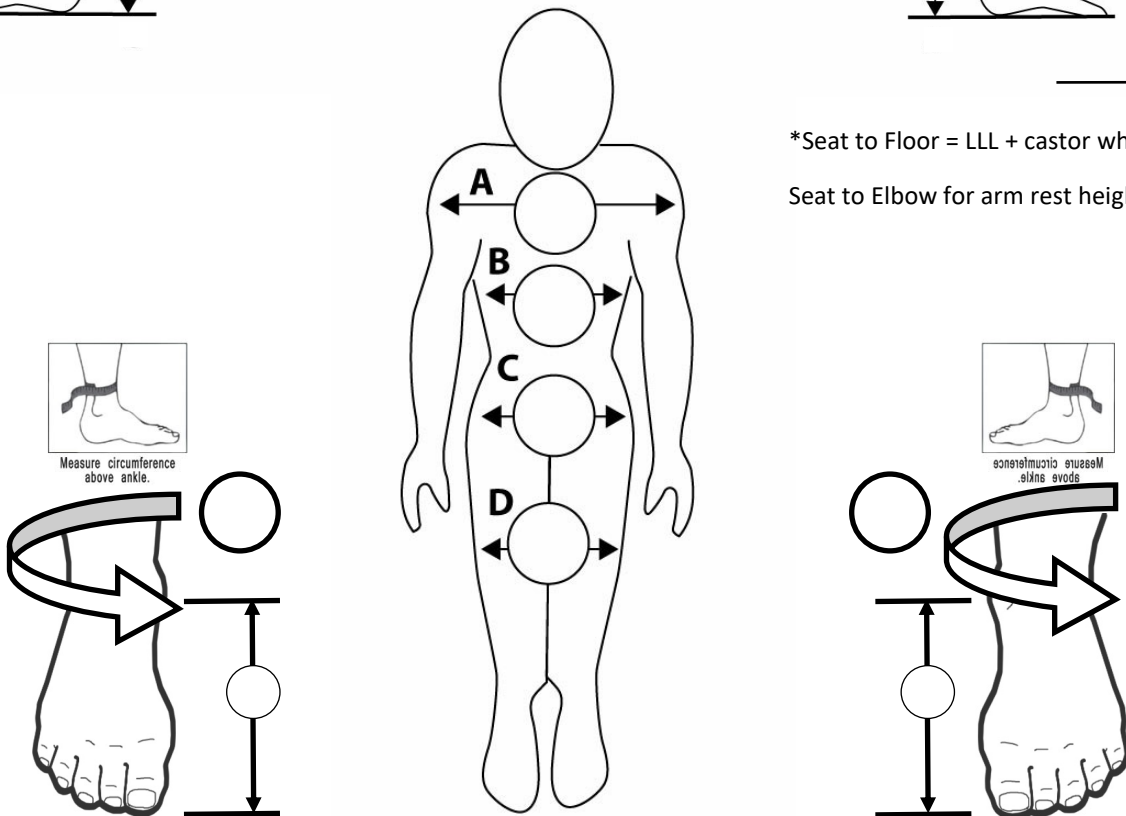
RH

LH

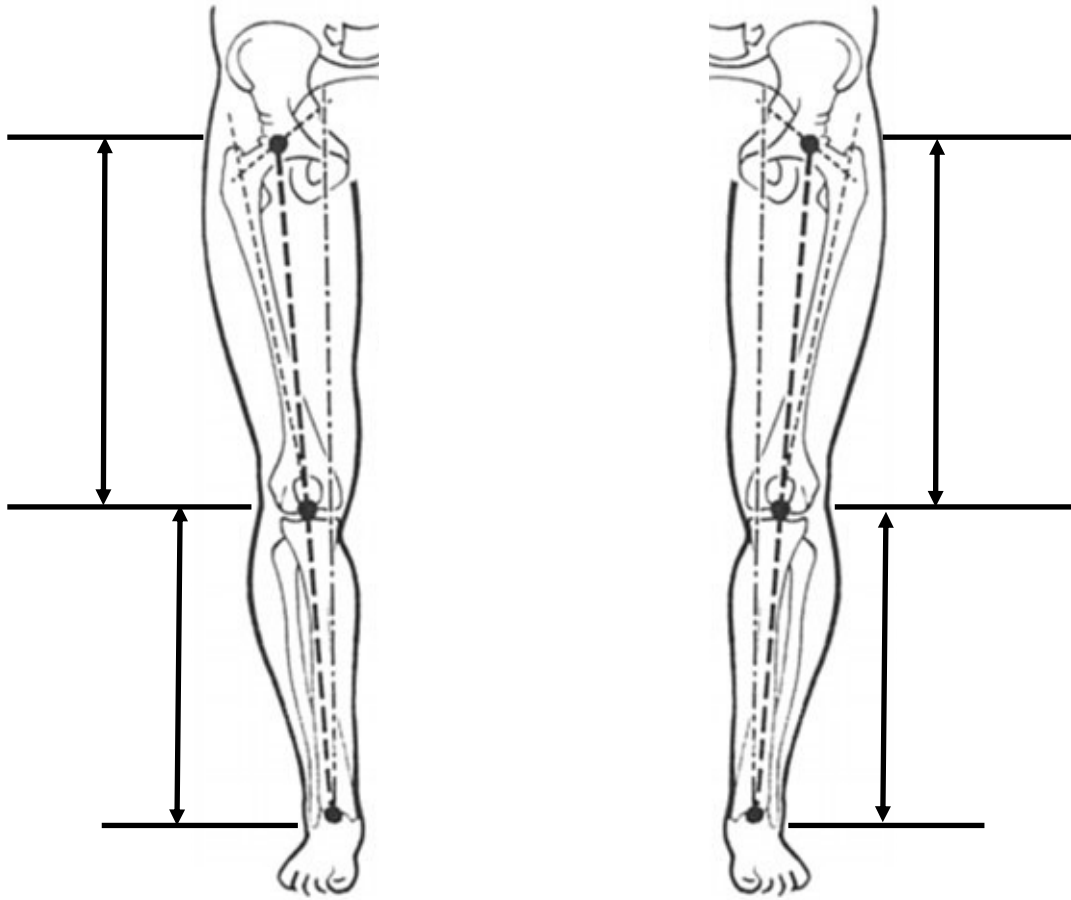


\*Seat to Floor = LLL + castor wheel/fork

Seat to Elbow for arm rest height



Leg Length Discrepancy



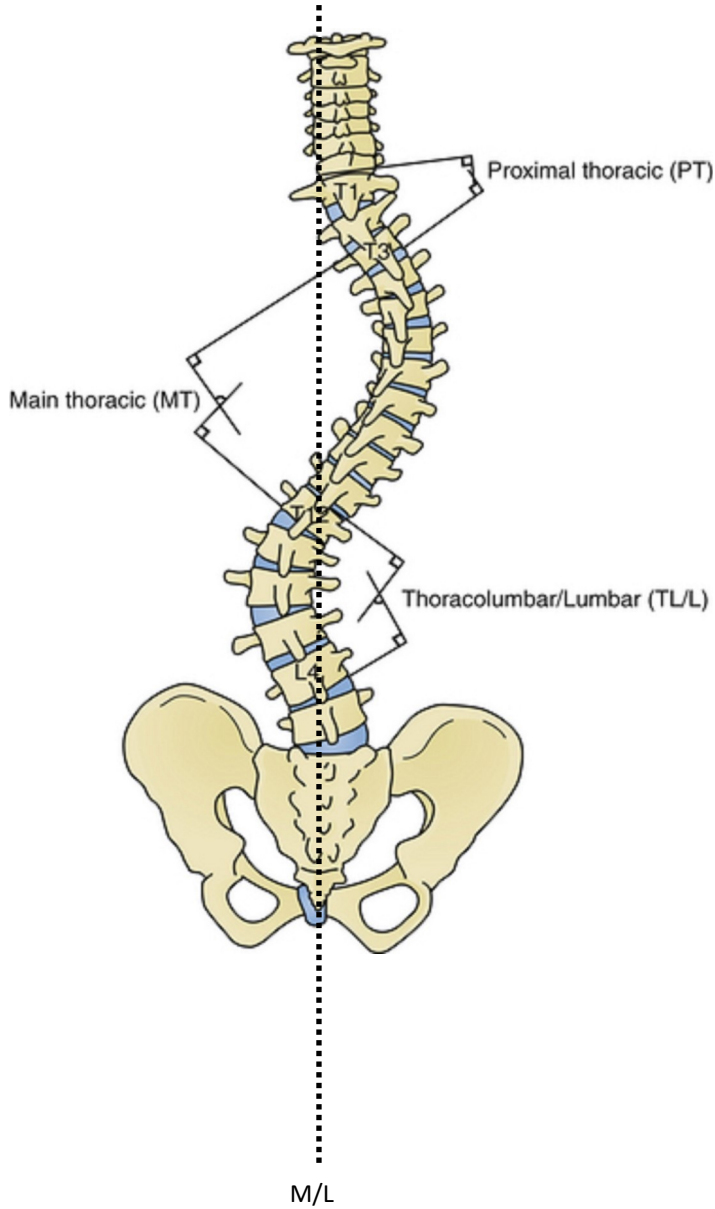
Non Standard Cushion Shape

TOP

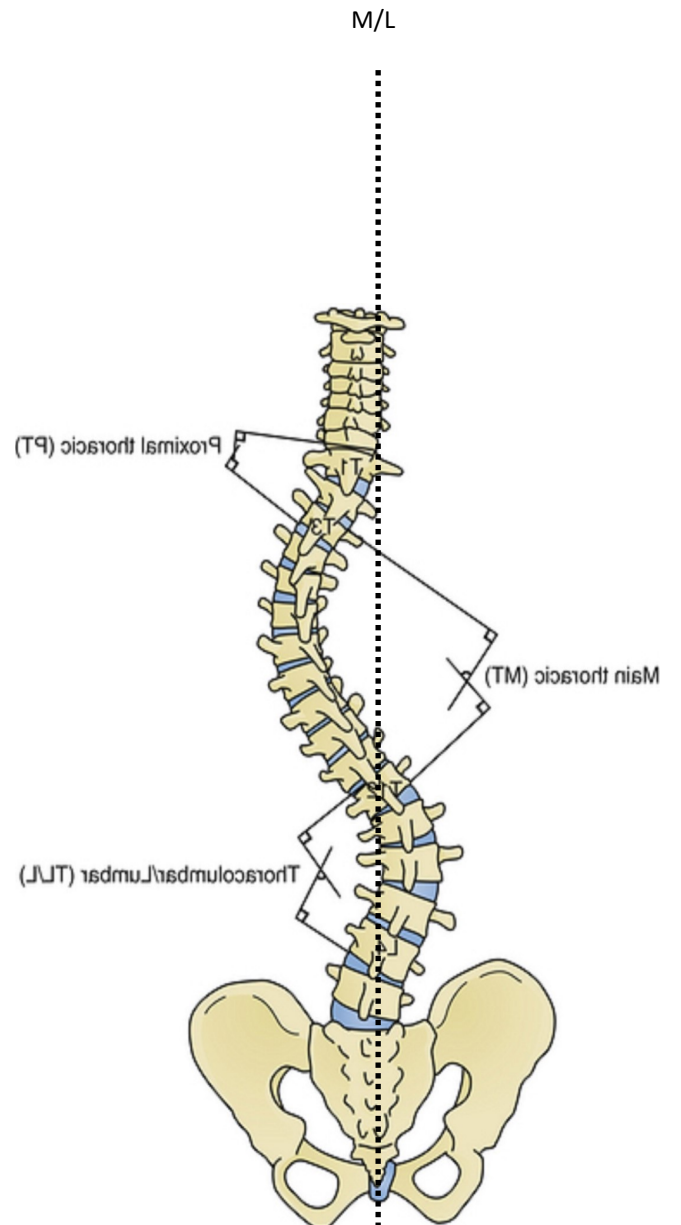


FRONT

Spinal/Pelvic Observations



Describe Thoracic attributes here



Sketches