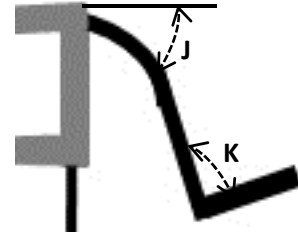
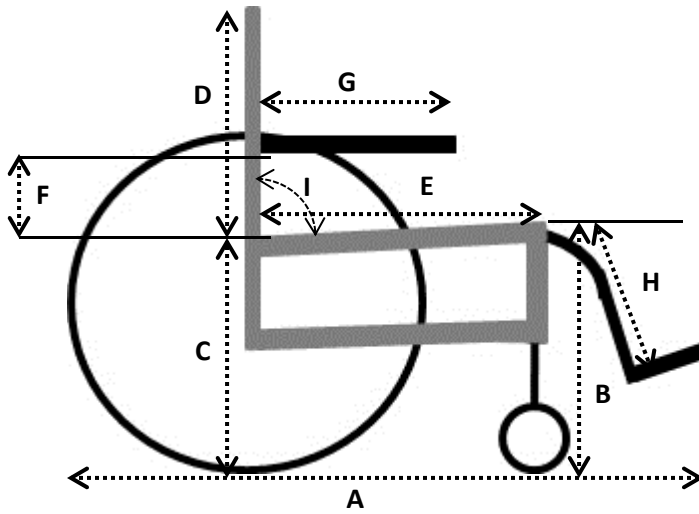


# MANUAL AND POWER WHEELCHAIR MEASUREMENT FORM

Client name: \_\_\_\_\_

Date: \_\_\_\_\_



- A. Overall length \_\_\_\_\_
- B. Front seat height \_\_\_\_\_
- C. Rear seat height \_\_\_\_\_
- D. Back height \_\_\_\_\_
- E. Seat length \_\_\_\_\_
- F. Armrest height \_\_\_\_\_
- G. Armrest length \_\_\_\_\_

- H. Footrest length (R) \_\_\_\_\_
- Footrest length (L) \_\_\_\_\_
- I. Seat to back angle \_\_\_\_\_
- J. Hanger angle (R) \_\_\_\_\_
- Hanger angle (L) \_\_\_\_\_
- K. Footplate angle (R) \_\_\_\_\_
- Footplate angle (L) \_\_\_\_\_

### OTHER MEASUREMENTS

- Seat width \_\_\_\_\_
- Overall frame width \_\_\_\_\_
- Cushion width \_\_\_\_\_
- Cushion thickness \_\_\_\_\_
- Back width \_\_\_\_\_
- Back thickness \_\_\_\_\_

### EQUIPMENT RECOMMENDATIONS:

Wheelchair manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Cushion manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Back manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

### Notes (Other options, features, configurations, drawings):

Supplier's name (printed): \_\_\_\_\_

Company name: \_\_\_\_\_

Supplier signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist name (printed): \_\_\_\_\_

Therapist's signature: \_\_\_\_\_ Date: \_\_\_\_\_