

Client Seating Worksheet

Clients Name: _____ Age: _____ Sex: _____

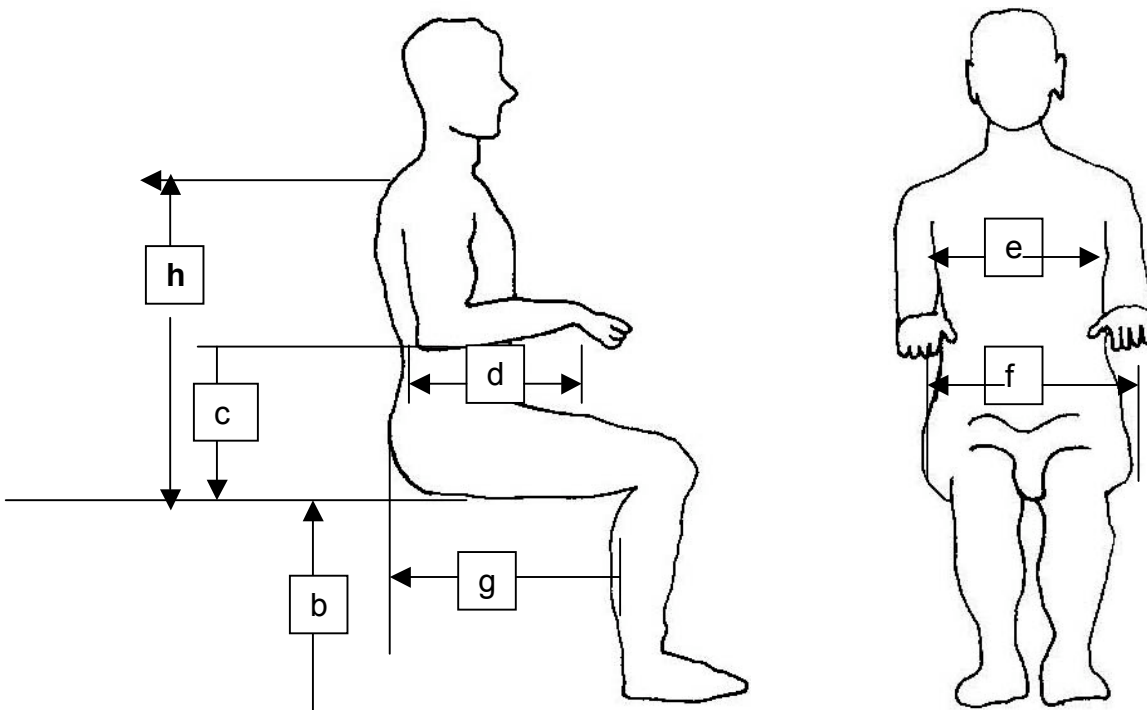
Email Address: _____

Address: _____ Phone: () _____

City: _____ State/Providence: _____ Zip/Postal Code: _____

Diagnosis: _____

Physician: _____



- b --- Seat height (Top of seat to floor)
- c --- Elbow height (measure from bent elbow to top of seat) (arm rest location)
- d --- Behind elbow to finger tips (for position joystick)
- e --- Chest width
- f --- Hip width
- g --- Depth of Seat (from your back sitting & leaning forward to behind the legs)
- h --- From top of seat to just above shoulder (for seat back height)

Is Child left/right handed: _____
Clients Weight: _____ Total Height: _____

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