

Client Standing Worksheet

Clients Name: _____ Age: _____ Sex: _____

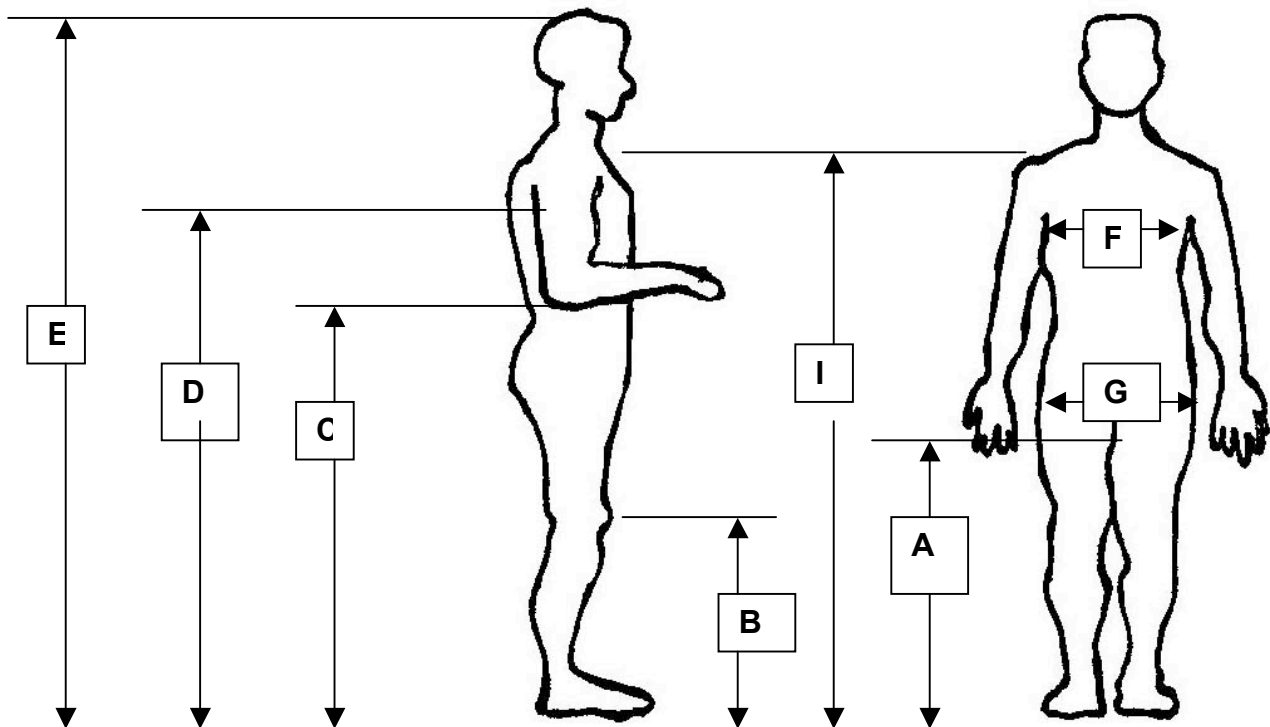
Email Address: _____

Address: _____ Phone: () _____

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

Diagnosis: _____

Physician: _____



- A --- Inseam (measure from inseam to floor)
- B --- Knee Cap (measure from center of knee cap to floor)
- C --- Elbow Height (measure from under arm @ 90deg to floor)
- D --- Underarm (measure from under the arm to the floor)
- E --- Overall Height
- F --- Chest Width
- G --- Hip Width
- I --- Just above shoulder (measure from floor)

Client left/right handed: _____

Weight in lbs. Of Client _____

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