Measuring Worksheet

Please print or type: Application # _____

Applicant's Name _____
Last First Middle

Street Address _____

City _____ State/Province _____ Postal _____ Country _____

Contact Phone # _____ Fax # _____ Email _____

Date of Birth _____ Age _____ Sex _____ Height _____ Weight _____
day/month/year Indicate inches or cm Indicate pounds or kg

Type of mobility requested? _____

Can you sit without support? Y N Can you hold your head without support? Y N

Can you talk to us? Y N Can you self-propel? Y N

Patient's Measurements

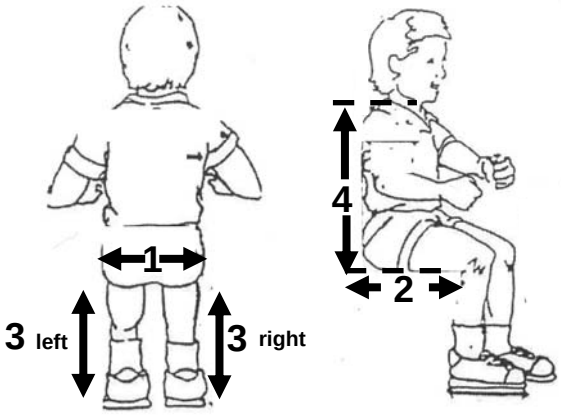
(See Diagram Below) cm___ inch___

1) **Hip Width** _____

2) **Seat Depth** _____

3) **Foot Drop** **left** __ **right**___

4) **Top of Shoulders to Seat** _____



What type of wheelchair would you suggest?

_____

Person filling out form

_____

Office Info. Only:

ROC WHEELS
Reach Out and Care

4135 Valley Commons Dr.
Suite D.
Bozeman, Montana, USA
59718

Info.@ROCWheels.org

www.rocwheels.org

Before picture

After picture

Conversion Chart

Inch:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Cm :	2.5	5	7.6	10.2	12.8	15.2	17.8	20.3	22.9	25.4	28	30.5	33	35.6	38.1	40.6	43.1	45.8	48.3	50.8	53.3