

Specialist Chair – Assessment Form

Date: ____/____/200__

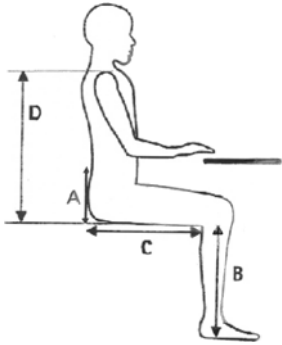
Client Reference

Address:

Assessor Reference

Brief description of disability:

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Dimensions

Weight (stones)

Height (feet and inches)

The client would benefit from the following

	Cms		Tick ✓
A. Height of lumbar above seat		Adjustable Lumbar support	
B. Back of Knee joint to floor		Adjustable Thigh support (coccyx comfort)	
C. Back of buttock to back of knee		Adjustable Thoracic support	
D. Seat surface to shoulder		Memory Foam Seat pad	
E. Seat pad width		Memory Foam Back pad	
F. Desk height		Extra Thick seat pad	

Please describe any function required that is not portrayed above, giving dimensions where appropriate:

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