

# Adapt<sup>®</sup> easiSpec

## Seating Evaluation & Measurement Form

Date: <input style="width: 95%;" type="text"/>	Assessment ref: <input style="width: 95%;" type="text"/>
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Client:

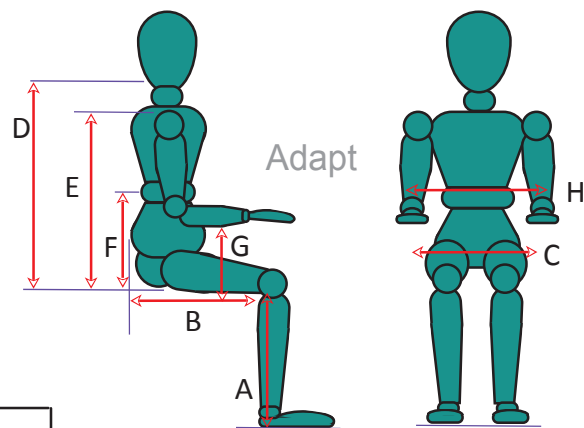
Company:

Telephone / Contact:

Please provide a brief description of any musculoskeletal condition and/or any previous injuries that may be relevant. Please comment on any back pain experienced whilst seated and what makes that pain better or worse.

### Dimensions

Weight (stones/ Kg)	<input style="width: 95%;" type="text"/>
Height (Feet & inches /mm)	<input style="width: 95%;" type="text"/>
Work Surface Height (Feet & inches /mm)	<input style="width: 95%;" type="text"/>



A - Back of Knee joint to floor (mm)	<input style="width: 95%;" type="text"/>
B1 - Back of Buttock to back of Knee	<input style="width: 95%;" type="text"/>
C - Seated Hip width (mm) <i>at widest point</i>	<input style="width: 95%;" type="text"/>
D - Nape of Neck <i>[if using Head Rest]</i> (mm)	<input style="width: 95%;" type="text"/>
E - Seat surface to Shoulder (mm)	<input style="width: 95%;" type="text"/>
F - Lumbar Height (mm) <i>to deepest point</i>	<input style="width: 95%;" type="text"/>
G - Seat surface to underside of Arm (mm)	<input style="width: 95%;" type="text"/>
H - Elbow to Elbow <i>[if using Arms]</i> (mm)	<input style="width: 95%;" type="text"/>

B2 - Back of buttock to back of Knee	<input style="width: 95%;" type="text"/>
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*If client has a known leg differential, please measure each leg independently. Use box B1 to state measurement of the Right leg (as sat) and box B2 for Left leg (as sat).*

Please describe any other requirements deemed relevant, giving dimensions if not already covered by the above:

All information is strictly confidential & used solely to assist with assessing anthropometric and postural requirements in order to specify the best possible solution.

**Please return completed form to: Ergochair Ltd Email: [sales@ergochair.co.uk](mailto:sales@ergochair.co.uk) Fax: 01454 329266**