

Adapt[®]V600 easiSpec

Seating Evaluation & Measurement

Date:	for V-Trak [®] back system		rstem	Assessment ref:
Client:				
Company:				
Telephone / Contact:				
Please provide a brief desc and comment on any back				evious injuries that may be relevant. pain better or worse.
V-Trak Measuring Tape	which will provide you with	h two referen	ce codes: H [he	o specify correctly you will require a eight] & W [width]. Together these will nation regarding how to use
Dimensions	[Using V-Trak Tape from behind record reading from 'H' Scale] Adapt V-Trak (Using V-Trak Tape from behind			
Weight (stones/ Kg) Height (Feet & inches /mm) Work Surface Height (Feet & inches /mm))			H H C C C
A - Back of Knee joint to floor (mm)				
B1 - Back of Buttock to back of Knee			B2 - Back of b	uttock to back of Knee
C - Seated Hip width (mm) at widest point			If client has a known leg differential, please measure each leg independently. Use box B1 to state measurement of the	
D-Nape of Neck [if using Head Rest] (mm)			Right leg (as sat)and box B2 for Left leg (as sat).	
E/F* - Seat surface to C7/ Axilla (V-Trak 'H' Code)		Н		
G – Seat surface to underside of Arm (mm)				
H – Elbow to Elbow [if using Arms] (mm)				
J*- Wrap around at Pelvis/Chest (V-Trak 'W' Code)		W		
Please describe any other	requirements deemed rel	evant, giving	dimensions if n	ot 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 Fax: 01454 329266