

Physical Assessment Form

182 Susquehanna Ave., Exeter, PA 18643

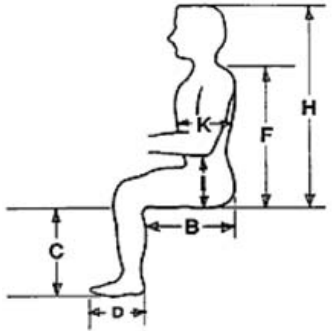
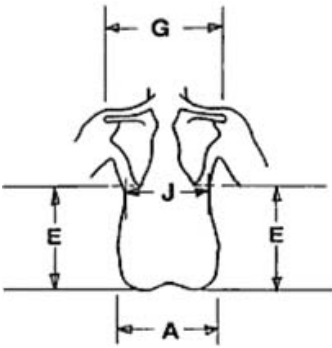
Sales: Phone: (866) 800-2002 • Fax: (866) 707-3422

REF: R&D/0302-6
REV: E
Effective Date: 12/26/17
APP'D Mike Elmes

Account Number: _____ Provider Name: _____
 Contact: _____ Marked For: _____
 Phone: _____ Fax: _____
 Date: _____ PO#: _____
 Ship To Address: _____
 City: _____ State: _____ Zip: _____

Request:

Client Height	
Client Weight	
A. Hip Width	
B. Knee to Back	
C. Knee to Heel	
D. Foot Measurement	
E. Seat to Scapula	
F. Seat to Shoulder	
G. Shoulder Width	
H. Seat to Top of Head	
I. Seat to Elbow	
J. Trunk Width	
K. Trunk Depth	



Please use this section for any illustrations: