

SEATING ASSESSMENT FORM

N.B. ALL THE FOLLOWING INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL. We will not use this information for marketing purposes and will not pass your details to any third party.

Name: _____ Contact Number: _____

Location: _____

Email Address: _____

Brief Notes on Area of Discomfort. Please make a note of any diagnosed musckuloskeletal disorder, and/or describe postures that are good/bad for you.

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Anatomical Data. (all data in centimetres please)

| | | |
|------------------------|--|---|
| A: | | (Base of Seat to Occiput – Top of Head) |
| B: | | (Base of seat to Shoulder) |
| C: | | (Back of Buttock to Back of Knee) |
| D: | | (Knee to Floor) |
| E: | | (Heel Height) |
| Table Height: | | To Top of Table |
| Weight (stones/kilos): | | Please leave blank if you do not wish to provide this information |
| Height (Feet/Inches) | | |
| Armrests Required? | | |
| Floor Type? | | Carpet/Hard Floor. |

