

# SEATING ASSESSMENT FORM

Date: ..... Client Name .....

Contact Name ..... Address .....

Contact Number ..... .....

Fax Number ..... .....

Email Address .....

Please provide a description of any musculoskeletal disorder and any previous injuries to your spine.  
 Please comment on any back pain experienced while seated and what makes that pain better or worse?

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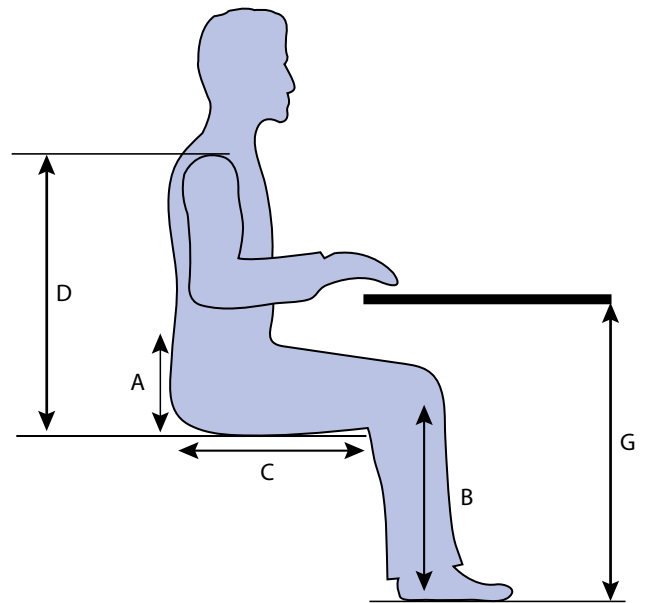
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**Dimensions**

Weight (stones/kilos)

Height (feet and inches)

A. Height of lumbar above seat		Would you like arms on the chair?	Yes / No
B. Back of Knee joint to floor		Desk shape: rectangle (R), corner (C) or wave (w)	R / C / W
C. Back of buttock to back of knee		Floor Type: Wood, Carpet, Concrete, Etc	
D. Seat surface to shoulder			
E. Hip to hip			
F. Shoulder width			
G. Desk height			