

Seating Assessment & Measurement Form

Date :

Assessment Ref :

Company Name :

Chair User Details :

Contact Name :

Contact E-Mail :

Contact Tel:

General Information

Please provide any information which might be relevant e.g. Medical / Musculoskeletal conditions, back pain, spinal surgery.

Please describe any areas where you experience pain whilst seated i.e. back, legs, hips, buttocks, shoulders, arms neck etc. and what helps to relieve pain.

Dimensions

Weight (KG) :

Height (Feet / Inches) :



Current Chair

Briefly describe any issues with current chair.

1. Desk height :	(mm)	Do you require arms?	Yes	No
2. Hip width (at widest point) :	(mm)	Desk Shape :	Rectangle	
3. Back of buttock to back of knee :	(mm)		Corner	
4. Seat to shoulder :	(mm)		Wave	
5. Back of knee to Heel :	(mm)	Floor Type :		
6. Seat to underside of elbow :	(mm)	Work Surface Height : (If using a height adjustable desk, what is the optimal working height)		
7. Lumbar position (seat to middle of lumbar) :	(mm)			
8. Seat to nape of neck (required for headrest) :	(mm)			