

Specialist Chair – 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?

Dimensions

Weight (stones)

Height (feet and inches)

A. Height of lumbar above seat		Would you like arms on the chair?	Yes / No
B. Seat surface to shoulder		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. Back of Knee joint to floor			
E. Seat width (hip to hip)			
F. Width Across Pelvis/Lumbar (back)			
G. Desk height			

