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WHEELCHAIR ASSESSMENT FORM

General Information	
Client's name:	Date of birth:
Client's Medicaid number:	Height:
Date when measured:	Weight:

Measurements		
	1:	Top of head to bottom of buttocks
	2:	Top of shoulder to bottom of buttocks
	3:	Arm pit to bottom of buttocks
	4:	Elbow to bottom of buttocks
	5:	Back of buttocks to back of knee
	6:	Foot length
	7:	Head width
	8:	Shoulder width
	9:	Arm pit to arm pit
	10:	Hip width
	11:	Distance to bottom of left leg (popliteal to heel)
	12:	Distance to bottom of right leg (popliteal to heel)

Additional Comments