Patient's Measurements
(See Diagram Below) cm___ inch___

1) Hip Width
    _______

2) Seat Depth
    _______

3) Foot Drop  left ___ right___

4) Top of Shoulders to Seat
    _______

What type of wheelchair would you suggest?

Person filling out form

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Conversion Chart

<table>
<thead>
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<th>Inch:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
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<th>18</th>
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<th>21</th>
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<td>7.6</td>
<td>10.2</td>
<td>12.8</td>
<td>15.2</td>
<td>17.8</td>
<td>20.3</td>
<td>22.9</td>
<td>25.4</td>
<td>28</td>
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<td>48.3</td>
<td>50.8</td>
<td>53.3</td>
</tr>
</tbody>
</table>

Before picture

After picture