

MEASUREMENT FORM

Made for Movement representative: _____

INNOWALK

NF-WALKER

USER

Name of user	
Name of parent	
Street address Postcode/City	
Phone	
E-mail	
Day of birth	
Diagnose	
GMFCS level	

THERAPIST

Primary Physiotherapist	
Street address Postcode/City	
Phone	
E-mail	

INSTITUTION

Kindergarden/ school/other place	
Street address Postcode/City	
Phone	

MEASUREMENTS:


DATE OF MEASUREMENT

LEFT		
1	Measurement 1 Sole of foot - Center knee	cm
2	Measurement 2 Sole of foot - Trochanter major	cm
3	Measurement 3 Sole of foot - Armpit	cm
4	Measurement 4 Height of user	cm
5	Measurement 5 Hip width	cm
6	Measurement 6 Pelvic depth	cm
7	Measurement 7 Circumference of chest	cm

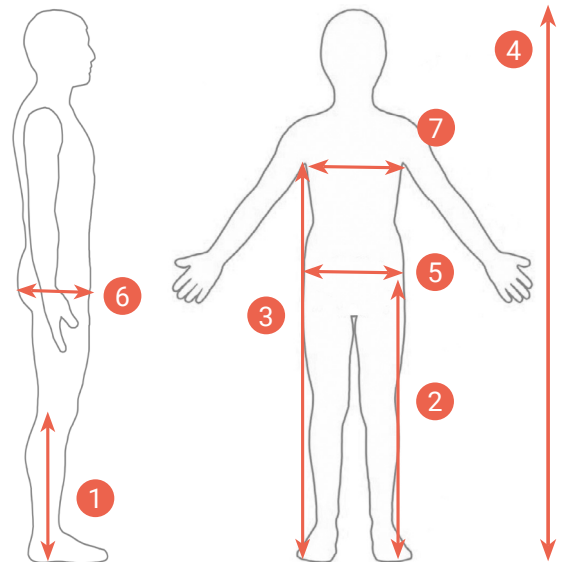
RIGHT		
1	Measurement 1 Sole of foot - Center knee	cm
2	Measurement 2 Sole of foot - Trochanter major	cm
3	Measurement 3 Sole of foot - Armpit	cm



	kg
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	cm
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Additional information (leg length discrepancy, scoliosis, corset, orthosis etc.)