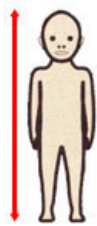



PLEASE COMPLETE ALL FIELDS BEFORE SUBMITTING ORDER:

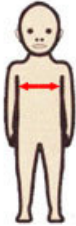
THERAPIST NAME:
OCCUPATION:
ORGANISATION:
DAY TIME PHONE NO:
EMAIL:
EQUIPMENT TYPE: (Stander/Postural Seat)
BRAND:
MODEL:
SIZE:
ADDITIONAL ITEMS: (Tray/Grab Rail/Rain Cover/Harness)
SPECIAL INSTRUCTIONS:
DELIVERY DETAILS:
DELIVER TO: (Name)
DELIVERY ADDRESS:
SPECIAL INSTRUCTIONS:

CHILD'S DETAILS:

FIRST NAME:	LAST NAME:
AGE:	
WEIGHT:	
HEIGHT:	
<p>Measure height in cm. The most accurate measurement for best fit is obtained while the child is standing. If this is not possible, measure in lying down position.</p>	
	
HIP WIDTH:	
<p>Measure hip width in cm. Measure at the hip joint (where the leg pivots at the hips) while seated. Measure a straight line straight across the lap. If you were to place two books on either side of the hips, measure straight between the two books instead of curving up and over the lap like a car seatbelt would.</p>	
	

TRUNK WIDTH:

Measure trunk width in cm. Measure at the nipple level while seated. Measure a straight line straight across the trunk. If you were to place two books on either side of the trunk, measure straight between the two books instead of curving around the rib cage.



THIGH DEPTH:

Measure Thigh Depth in cm while seated. Measure a straight line (parallel with the seating surface) from the back of the seat where the buttocks contacts the seat back (make sure the child is sitting as far back as possible). Measure straight out to just behind the knees with them bent at 90 degrees while the child is still seated.



BACK HEIGHT TO SHOULDERS:

Measure BACK HEIGHT-TO SHOULDERS in cm while seated. Measure a straight line (parallel to the seat back surface) from the seat where the buttocks contacts the seating surface (make sure the child is as far back as possible in the seat). Measure a straight line straight up to the top of the shoulders.



BACK HEIGHT TO HEAD:

Measure BACK HEIGHT-TO HEAD in cm while seated. Measure a straight line (parallel to the seat back surface) from the seat where the buttocks contacts the seating surface (make sure the child is as far back as possible in the seat). Measure a straight line straight up to the top of the head.



FOOT TO KNEE HEIGHT:

Measure FOOT TO KNEE HEIGHT in cm while seated. Measure by measuring from the bottom of your child's foot (or shoe that will be typically used with the piece of equipment you are inquiring about) up along the back of the person's leg to the back of the knee joint where it is bent at 90 degrees.



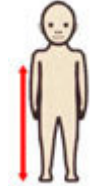
INNER LEG MEASUREMENT:

Measure Inner Leg in cm while the child is **lying down**. Measure a straight line from the bottom of the foot (or shoe that will be typically used with the piece of equipment you are inquiring about) up to the groin area. This measurement is critical for sizing gait trainers, tricycles, and some standers.



FLOOR TO CHEST HEIGHT:

Measure FLOOR TO CHEST HEIGHT measured in cm. The most accurate measurement for best fit is obtained while the child is standing. If this is impossible, measure child whilst he/she is lying down is acceptable. Measure a straight line from the bottom of the foot (or shoe that will be typically used with the piece of equipment you are inquiring about) up to the nipple level. This measurement is critical for sizing gait trainers and some standers.



FLOOR TO HIP:

Measure FLOOR TO HIP MEASUREMENT in cm. The most accurate measurement for best fit is obtained while the child is standing. If this is impossible, measuring your child with he/she is lying down is acceptable. Measure a straight line from the bottom of the foot (or shoe that will be typically used with the piece of equipment you are inquiring about) up to the hip joint. The hip joint is found by bending the hip to locate the pivot point.



FAMILY EQUIPMENT CHECKLIST ATTACHED

Equipment Expected to be used for _____ mths/yrs before child's needs change, grows beyond sizing.

(full name), the _____
(occupation) of _____ (organization) have approved and recommended the order of the aforementioned piece of equipment as specified above for _____ (child's full name) and have placed the order on behalf of my client. I have supplied all measurements, which are accurate at this time.

Signed: _____

Date: _____

- I would like to receive more information on Equipment & Toys for Special Needs
- I would like to know about Equipment Fittings at ILC
- I would like to be notified on Specialised Equipment Professional Development Events
- I would like to subscribe to Special Kidz Special Needz Free Newsletter