



Seating Assessment Form

Date:

Client Name:

Contact Name:

Address:

Contact Number:

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Email:

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Please provide information for any musculoskeletal or spine injuries.

Please describe any back pain experience while seated and what makes the pain better or worse.

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Dimensions:

Weight (stones/kilos):

Height (feet & inches):

1. Desk Height:

4. Back Height:

(Seat to Shoulder)

2. Shoulder Width:

5. Seat Depth:

(Back of buttock to back of knee)

3. Seat Width:

(Hip width at widest point)

6. Seat Height:

(Floor to underside of knee)

Require Arms? Y: N:

Desk Shape? Rectangle: Circle: Wave:

Floor Type?

