

1. User's first and second name:

.....

2. Address:

.....  
.....

3. Phone number/fax/e-mail:

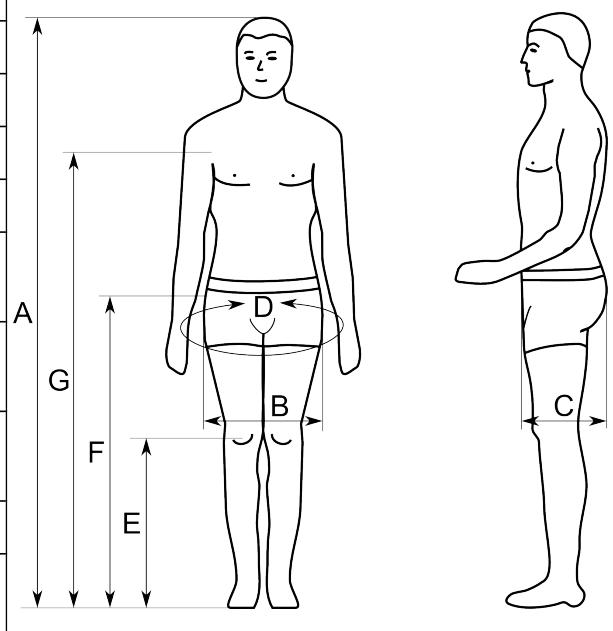
.....

4. Age: .....

5. Male / Female

6. Basic body parameters:

W	weight [kg]	
A	height [cm]	
B	pelvis width [cm]	
C	pelvis depth [cm]	
D	pelvis perimeter [cm]	
E	distance from the shoe sole to the knee-joint axle [cm]	
F	distance from the shoe sole to the hip-joint axle [cm]	
G	distance from the shoe sole to the armpit [cm]	
	chest perimeter [cm]	
	shoe size	



7. Disability: paraplegia /tetraplegia.

Reason of disability:

.....  
.....  
.....  
.....  
.....

8. The number of years on wheelchair .....

9. Information about standing up method used:

.....  
.....  
.....  
.....

10. Information about hand abilities

.....  
.....  
.....  
.....  
.....

11. Information about contracture and the other body deformities:

.....  
.....  
.....  
.....  
.....

12. Overall body fitness: very good, good, average, weak

13. Place, where the stander is usually used:

.....  
.....  
.....

14. Who is going to help the user during the training?

.....  
.....  
.....

15. The recommended walking frame type

dynamic stander; static stander on wheels; walker on wheels      with/without lift

16. Person performed the measurement:

.....

Contact: .....

17. Date of measurement:

.....

18. User's or caretaker's signature:

.....

\*The number of the measurement sheet is given by ALREH Medical company Customer Service

ATTENTION:

If there are any questions or doubts during filling in this form, please contact our  
Customer Center

ALREH Medical Sp. z o. o.

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