MEASUREMENT SHEET

No/.....



1 I I I I I I	er's name:				
1.086	ers name.				
		• • • • • • • • • • • • • • • • • • • •			
2. Ad	dress:				
•••••					
3. Ph	one number/ Email:			••••••	
4. Age:			5. Male/ Female		
	sic body parameters:				
W	weight [kg]				
A	height [cm]]	{F}	
В	Pelvis width [cm]			7.	
С	Pelvis depth [cm]			(()	
D	Pelvis perimeter [cm]				
Е	Distance from the shoe sole to the knee-joint axle [cm]		A		
F	Distance from the shoe sole to the hip-joint axle [cm]		G		
G	Distance from the shoe sole to the armpit [cm]		F B	C	
	Chest perimeter [cm]			\	
	Shoe size				
	sability: paraplegia / quadriplegon of disability:	gia:			
•••••					
•••••					
•••••					
8. Th	e number of years on a wheelch	nair:			
9. Inf	ormation about standing up me	thod used:			

10. Information about hand abilities (very weak/ weak/ average/ very strong):					
Hand onin abilities (no anin/limited/acad/yenry acad)					
Hand grip abilities: (no grip/ limited/ good/ very good)					
11. Iinformation about contractures and the oth	er body deformities:				
12. Overal body fitness: weak/ average/ good/ very good					
13. Place, where the stander is usually used:					
14 W7 ' ' ' 1 1 1 1 1 1 1 1 1 2 1 1 1 1 1 1 1					
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:	T				
17. Date of measurement:					
ATTENTION:					
1. I agree to the processing of my personal data					
archiving purposes, for the consideration of any warranty and post-warranty claims					
Providing the data is voluntary, but necessary to perform the order.					
2. I have read the information of the purpose and methods of personal data processing and the right to access your data, the possibility of correcting them, requesting the cessation of their					
processing.					
3. The administrator of personal data is ALREH Medical Sp. z o.o. with headquarters in Warsaw,					
02-032 ul Filtrowa 81/27; KRS number 0000226386					
User's or caretaker's signature:					
ATTENTION:					
In there are any questions or doubts during filling in this form, please contact our Costomer					
In there are any questions or doubts during filli	ng in this form, please contact our Costomer				
In there are any questions or doubts during filli Center.	ng in this form, please contact our Costomer				
Center.					
Center. ALREH Medical Sp. z o. o.	ng in this form, please contact our Costomer www.alreh.pl				
Center.					