

CLIENT INFORMATION AND MEASUREMENTS

Fax includes

New fax no.: 086561717

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Name: _____
 Address: _____
 Phone no. _____
 Clinic/Outreach -venue:: _____
 Date of birth:: _____
 Date first seen: _____ Sex: _____

Care giver relation (mother,aunt,father..) _____ Caregiver name: _____

Description of disability: _____

Needs to pray for (family situation, poverty, disability, therapy goals..) _____

child is blind deaf

Name of therapist: _____ Date of order: _____

Cellphone therapist: _____

Standing frame:

(Measure in supine, with child alligned as best as possible. Child preferably wearing shoes that will be worn during standing.)

Description	Measurement (cm)
Heel to nipple:	_____
Width of body (post. to ant.) at widest point of buttox:	_____
Length of foot:	_____

Comments/ special requirements: _____

Sidelyer:

(First measurement in supine with legs straight and child well alligned. Others with hips and knees at 90° flexion. Make sure lower back and pelvis remain on surface.)

Description	Measurement (cm)
Top of head to heel:	_____
Back of pelvis to back of knee:	_____
Heel to back of knee:	_____

Comments/ special requirements: _____

Bench:

(Measure in supine or sidelying with the hip and knee at 90° flexion)

Description	Measurement (cm)
Heel to back of knee	_____

Comments/ special requirements: _____

Table:

(Measure with the child seated on the bench/chair that will be used with the table or on something of equal height, feet flat on the floor. You may want quite a high table to assist with trunk extension. Try surfaces of different heights to see which is most suited to the child's needs)

Description	Measurement (cm)
Floor to elbow OR floor to desired height of table	

Comments/ special requirements:

 Wheeled horse walker:

(Measure in supine with the child well aligned. Child preferably wearing shoes that will be used for walking)

Description	Measurement (cm)
Heel to crotch	

Comments/ special requirements:

 Walking frame (Kaye-walker type):

(Measure in supine with the child well aligned. Child preferably wearing shoes that will be used for walking)

Description	Measurement (cm)
Heel to radial stilloid process	
Shoulder width	

Comments/ special requirements:

 Soft splints:

Upper limb: L / R

Lower Limb: L / R

(Only measurements of limb requiring soft splint needed)

Description	Measurement (cm)
Length of upper limb (armpit to wrist)	
Circumference of arm just below armpit	
Circumference of wrist	
Length of lower limb (groin to ankle)	
Circumference of ankle	
Circumference of leg just below groin	

 Wheelchair insert:

Wheelchair inserts are not usually issued, since the Madiba buggy distribution runs well now. If for any reason, a buggy is not an option, or if the waiting time is still too long, a wheelchair insert can be ordered. Please contact us on: info@timion.org or 078 4561512