

MEASUREMENT FORM - HIBBOT

Made for Movement representative: _____

USER

| | |
|---------------------------------|--|
| Name of user | |
| Name of parent | |
| Street address Postcode/City | |
| Phone | |
| E-mail | |
| Day of birth | |
| Diagnose | |
| GMFCS level | |

THERAPIST

| | |
|---------------------------------|--|
| Primary Physiotherapist | |
| Street address Postcode/City | |
| Phone | |
| E-mail | |

INSTITUTION

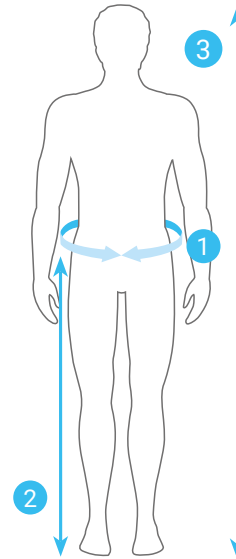
| | |
|-------------------------------------|--|
| Kindergarden/ school/other place | |
| Street address Postcode/City | |
| Phone | |

MEASUREMENTS

DATE OF MEASUREMENT

| | | | |
|---|--|--|----|
| 1 | Measurement 1 Circumference around the hips, widest part | | cm |
| 2 | Measurement 2 Length from spina iliaca anterior superior (SIAS) to floor | | cm |
| 3 | Measurement 3 Total height of the user | | cm |

| | | |
|---|----------------------|----|
|  | <input type="text"/> | kg |
|---|----------------------|----|



Additional information