

Leisure-Lift Bariatric Seating Information Chart

rev. 12/2017

Dealer _____ Contact _____ Phone # _____

Order # _____ Date _____ Client ID _____ Other _____

Notes: _____

Filling out the information below will help in selecting and sizing various seating products we offer that may address your clients' needs. NOTE: This is not an order form.

Current weight _____ Gaining / Loosing / Stable (circle one) Standing height _____

A _____ Back to near knee

G _____ Foot to foot outside

B _____ Back of buttocks to near knee

H _____ Foot to foot inside

C _____ Gap near back of knee

I _____ Hip width

D _____ Footrest to cushion

J _____ Knee to knee outside

E _____ Cushion to floor

K _____ Cushion to top of backrest

F _____ Chest width

L _____ Cushion to bottom of backrest

Other _____ Description _____

