

**For an accurate assessment please complete all sections as fully as possible, especially measurements A-H**

**Confidentiality**

All of the information we request is only used to help decide which chair model would be most suitable for you and your needs. All this information is kept strictly confidential.

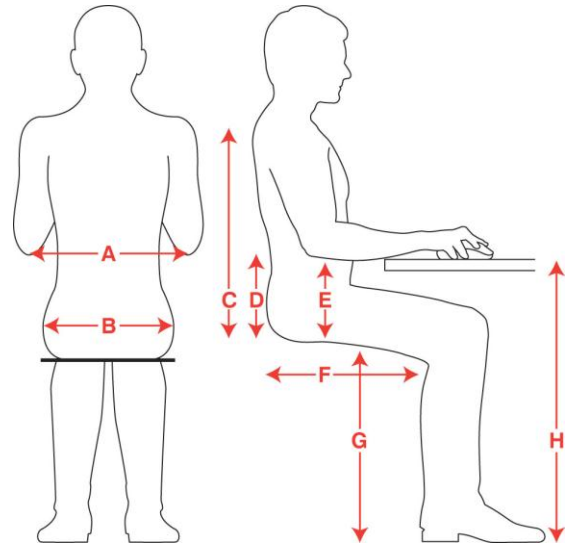
For Quotations Only – Please Tick

	Name	Tel	Email
Chair User Details			
Contact for return of Quote & Report			
Chair user location (inc dept & full address)			

Please give a brief summary of your duties below

	% Computer		% Writing		% Tel		% other

Do you use a footrest?	
Do you have any allergies?	
What is the shape of your desk?	
What is the surface of your floor?	
Would the user require arm rests?	
Would the user require a neck rest?	
Would the user benefit from memory foam?	
Preferred height of back rest (if applicable)	



Measurements needed

**cm**

- A Width between elbows
- B Hip width when in a sitting position
- C Height from top of shoulder to surface of seat
- D Height from centre of lumbar curve to surface of seat
- E Height from underside of elbow to surface of seat
- F Depth from back of buttock to back of knee joint
- G Height from back of knee to floor, wearing shoe
- H Desk height
- Weight (Stone & Lbs)
- Height (Feet & Inches)
- Age
- Sex


Area of Pain	Tick	Please give details
Diagnosed medical conditions		
Lower Back		
Middle Back		
Upper Back		
Coccyx / Sacrum		
Neck		
Shoulders		
Elbow		
Hand		
Wrist		
Fingers		
Hips		
Knees		
Legs (Sciatica)		
Other		

**Please return the completed form to:**  
**Back Care Solutions Ltd**  
**Tel: 01772 330 333 Fax: 0845 074 0595**  
**Email: [Office@backcs.co.uk](mailto:Office@backcs.co.uk) Web site: [www.backcs.co.uk](http://www.backcs.co.uk)**  
**Unit 6, Centurion Industrial Estate, Leyland, Lancashire, PR25 4GU**