Occupational Therapy

Home measurement form

During the early stages of your recovery from any orthopaedic surgery, you should remember that, when furniture is low, it makes getting on and off it more difficult. When you are sitting, your feet should be flat on the floor and your hips should be higher than your knees. Please be aware of this when considering where to sit, both at home and when you are out and about.

If you have received this form in the post and you are due to come to a pre-admission clinic appointment, please bring the completed form with you so it can be added to your records. If you have been given this form at the hospital, the Occupational Therapist will have explained how and when to return it.

When completing the form, please clearly state whether you have measured in inches, centimetres or millimetres.

Bed details
Please measure from the top of your mattress to the floor when you are sitting on the edge of the bed:

Bed height: ...........................................

Chair details
Please measure from the top of the seat cushion to the floor, when you are sitting on the chair. An armchair is preferable.

Seat height: ...........................................

When you sit in this chair are your knees lower than your hips? Yes ☐ No ☐

If the answer is no, please measure the seat height of an alternative upright chair, preferably with arms (for example, a dining chair or sturdy garden chair).

Seat height: ...........................................

Toilet details
Please measure the height of your toilet from the floor to the top of the porcelain. Please do not include the seat in your measurement.

Upstairs: ............................................

Downstairs: ...........................................

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk

Patient’s name: ..............................................................................................................................................................................................................................

MRN no. ..............................................................................................................................................................................................................................................

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November 2015
Review: November 2018
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OMI 12610P