

Patient's name:

MRN no.

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 may make getting on and off it more difficult.

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 by a member of staff, they will have explained how and when to return it.

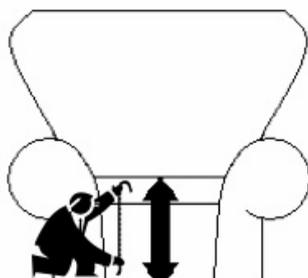
When completing the form, please clearly state whether you have measured in inches, centimetres or millimetres.

Bed details

Please measure the height of your bed from the top of your mattress to the floor when you are sitting on the bed.

Bed height:

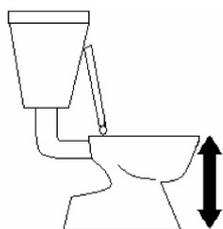
Chair details



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

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.

Toilet height upstairs:

Toilet height downstairs:

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

