# CMB SEATING ASSESSMENT FORM

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| --- | --- | --- | --- |
| Contact name: |  | Date: |  |
| Contact number: |  | Client Name: |  |
| Email: |  | Client Address: |  |

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| --- |
| Please provide information for any musculoskeletal or spine injuries you may have, including descriptions of any back pain you experience while seated and what makes that pain better or worse |
|  |

# Dimensions

|  |  |  |
| --- | --- | --- |
| A person sitting in a chair  Description automatically generated with medium confidence | Weight (stones/kilos): |  |
| Height (feet and inches: |  |
| 1. Desk height |  |
| 2. shoulder width |  |
| 3. Hip breadth |  |
| 4. seat to shoulder |  |
| 5. back of buttock to back of knee |  |
| 6. back of knee to floor |  |
| 7. Height of lumbar above seat |  |
| Do you require arms? |  |
| Desk shape, wave, corner, rectangle |  |
| Floor type |  |
| Any other Notes | | |