



# Measuring Forms for Suit, Vest, Leotard and Pants

## Patient details

Surname:
First name:
Date of birth: _ _ / _ _ / _ _ _ _
Age:
Please indicate: Male Female
Date: _ _ / _ _ / 2 0 _ _
Hospital/Clinic:

## Purchasers details

Address :
Post code:
Consultant:
Name:
Measured by: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Orthotist <input type="checkbox"/> Jobskin
Hospital order number:
Contact phone number:

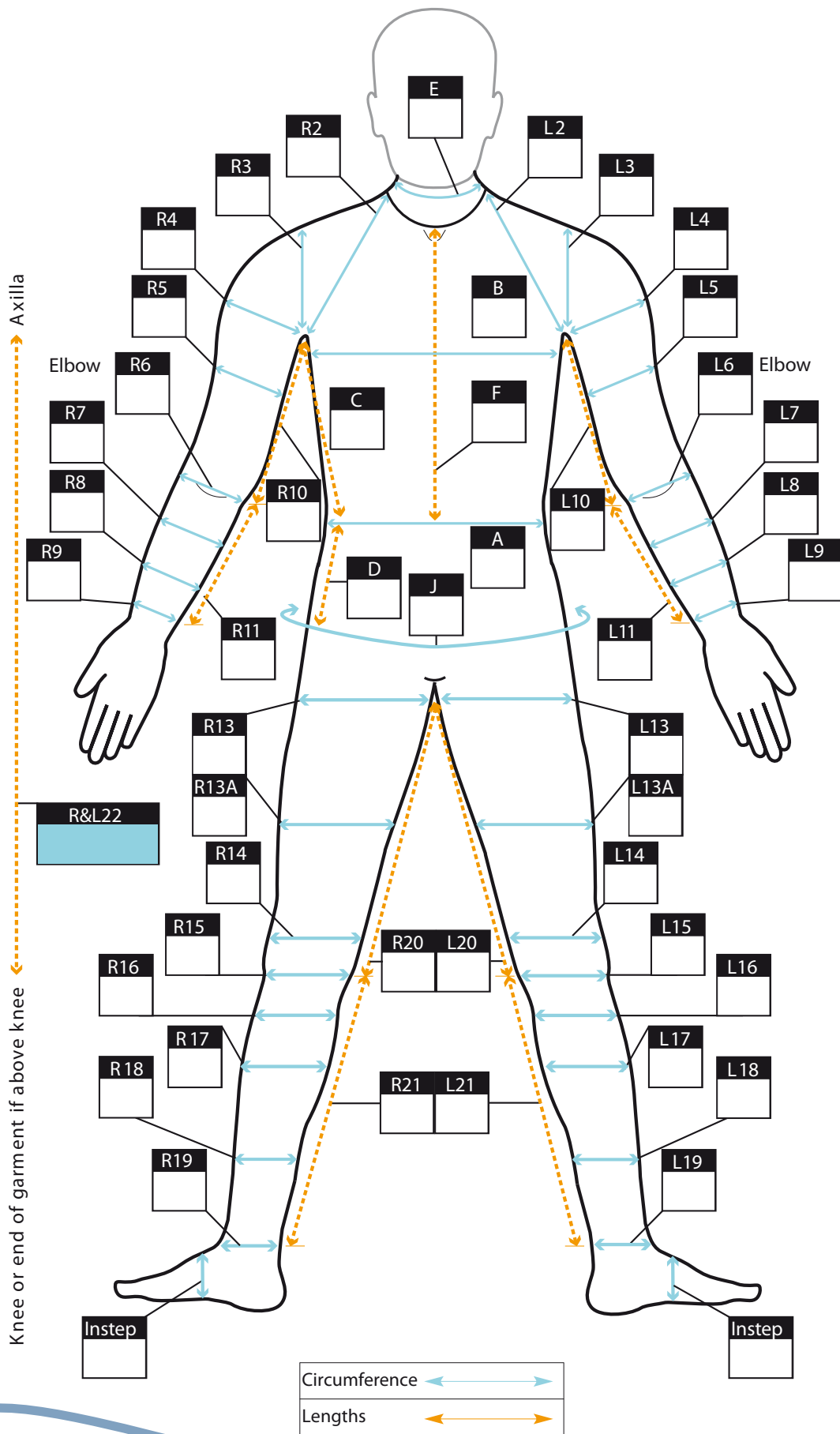
Type of SDO required	Quantity
Vest / Leotard(delete as appropriate) No sleeves	PCP01
Vest / Leotard(delete as appropriate) Short sleeves / Long sleeves (delete as appropriate) Velcro tabs to attach to pantsYes / NO (delete as appropriate)	PCP02
Suit Short leg No sleeves	PCP03
Suit Long legsn sleeves	PCP04
Suit Short sleeves / Long sleeves (delete as appropriate) Short leg / Long leg(delete as appropriate)	PCP05
Pants Zipper fly / No fly(delete as appropriate) Short leg / Long leg(delete as appropriate) Open crotch / Closed crotch(delete as appropriate)	PCP15
Trunk stabilising belt	PCP19
Measuring session fee	PCP20

Other Information	
Wears AFO's: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gastrostomy site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hole required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If required, please mark position at first fitting only	
Zips for Vest, Leotard and Suits	
Front: <input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Upside down <input type="checkbox"/> No zip	
Back: <input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Upside down <input type="checkbox"/> No zip	
Crotch: <input type="checkbox"/> (short leg only) Inside leg: <input type="checkbox"/> (short leg only)	
Outside leg: <input type="checkbox"/> (short leg only)	
Sleeves: <input type="checkbox"/> Full length <input type="checkbox"/> Back <input type="checkbox"/> Ulnar side <input type="checkbox"/> Mid forearm	
<input type="checkbox"/> Open Leg: <input type="checkbox"/> Back <input type="checkbox"/> Front <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Open	
Fabric colour	
<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Purple <input type="checkbox"/> Navy Blue <input type="checkbox"/> Black	
Reinforcement	
<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Pastel Blue <input type="checkbox"/> Purple <input type="checkbox"/> Black	
Thread colour	
<input type="checkbox"/> Beige <input type="checkbox"/> White <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Pastel Blue <input type="checkbox"/> Mint Green	
<input type="checkbox"/> Bright Pink <input type="checkbox"/> Red <input type="checkbox"/> Purple <input type="checkbox"/> Denim Blue <input type="checkbox"/> Green <input type="checkbox"/> Black	
Motif number:	Position:
First SDO:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tick here if extra reinforcements are required and complete page 2 <input type="checkbox"/>	
Tick here if special instructions and complete page 3 <input type="checkbox"/>	

Delivery address if different from purchasers:
Post code:

Patient Name:

Date of assessment:



Please complete if required

Additional measurements for Leotard	
Waist to waist through Legs	
Base of neck to acromian process (sleeveless style only)	
Waist to the end of Leotard at side of body	
Additional measurements for Trunk stabilising belt	
Top circumference	
Bottom circumference	
Required depth	
Additional measurements for shorts style	
Top of shorts to knee (OR)	
End of garment	

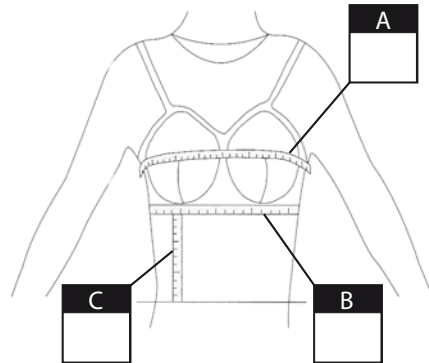
For office use only

Waist to crotch	
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Patient Name:

Date of assessment:

Additional information for measuring for a bra vest:



Normal bra size:

A Overbust Circumference

B Underbust Circumference

C Length from Waist to Underbust

Information for bodysuits:

- Please check you have recorded measurement R22 and L22
- This measurement is essential for all bodysuits

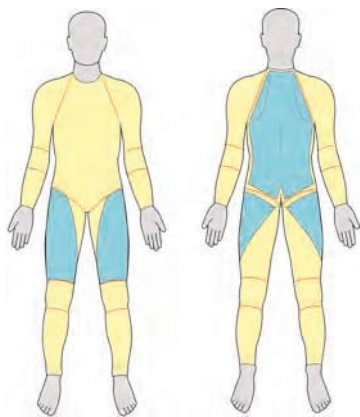
Please enter Reinforcements Codes required for garment design:

Note: All suits come with the standard panels code: SP - Please tick if not required:

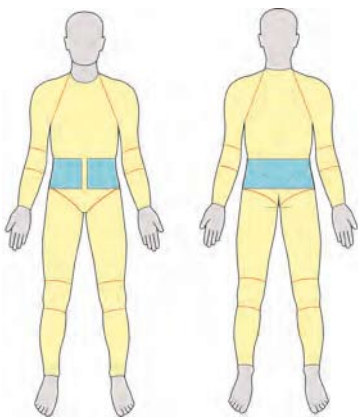
Additional reinforcement codes (see page 4):

Additional information/instructions:

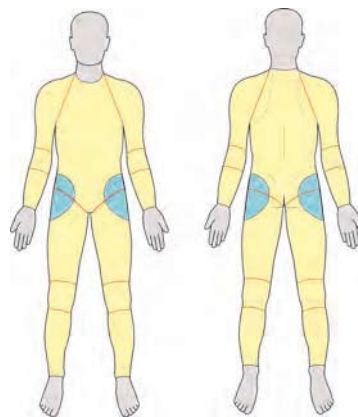
# Reinforcement Codes



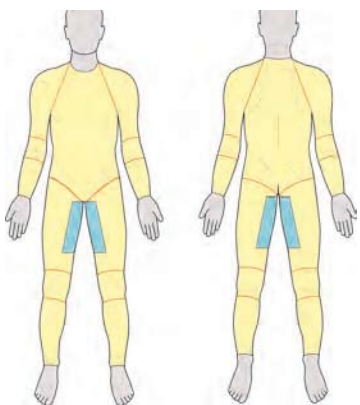
SDO Standard Panels Code: SP



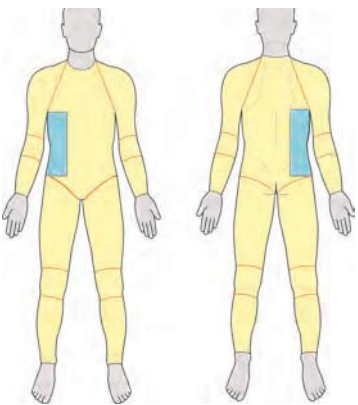
Lumbar Panels Code: LP



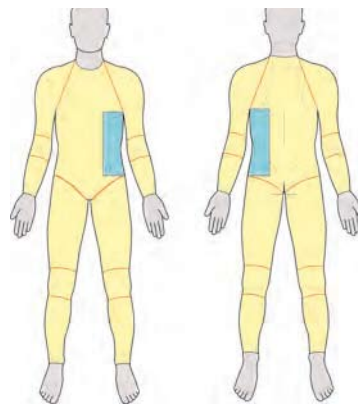
Hip Panels Code: HP



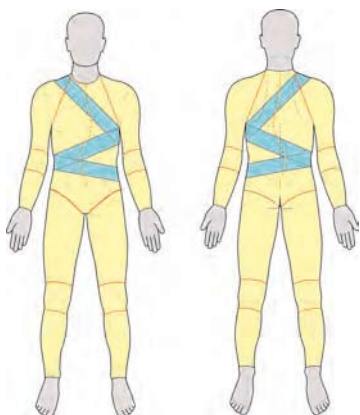
Medial Upper Leg Panels Code: ULM



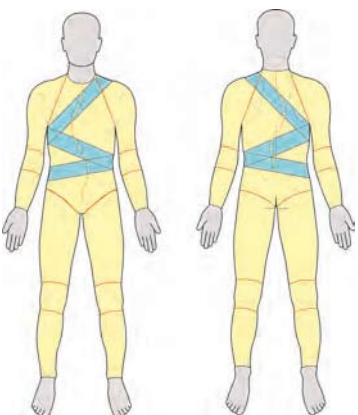
Lateral Trunk Panels Code: TPL



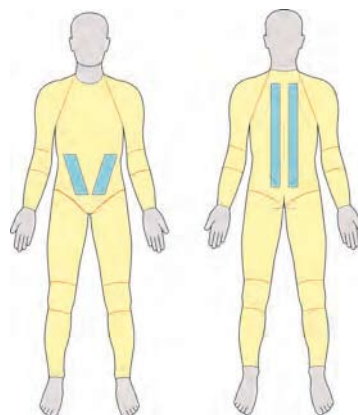
Lateral Trunk Panels Code: TPR



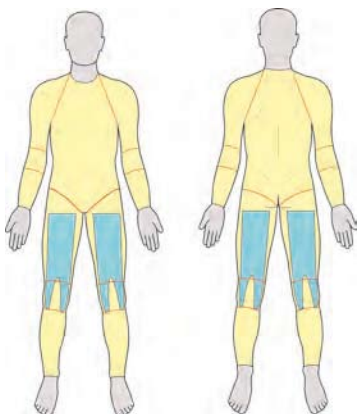
Scoliosis Panels Code: SPR



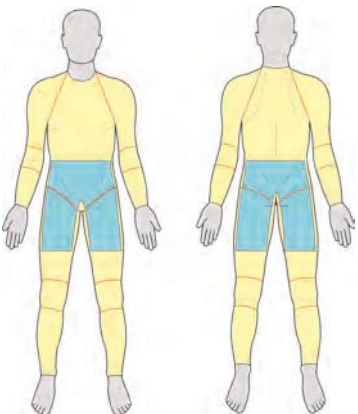
Scoliosis Panels Code: SPL



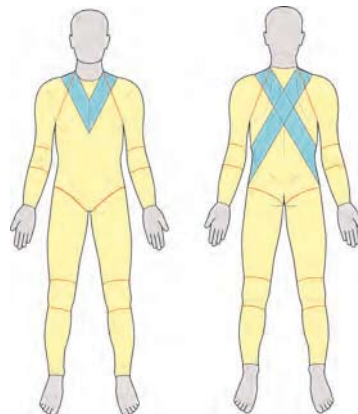
Anterior Abdominal Panels Code: AP  
Posterior Back Panels Code: BP



Anterior Leg Panels Code: KE  
Posterior Leg Panels Code: KF



Anterior Pelvic Panels Code: APP  
Posterior Pelvic Panels Code: PPP



Anterior Chest Panels Code: CP1  
Posterior Cross Panels Code: CP2



Posterior Leg Panels Code: HE

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