**Appendix 2: Furniture Heights Form**

Please complete all sections in the form and return to the RUH Occupational Therapy department via the details at the end of the form:

Patient Details:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chair -** Please measure the height from the lowest point of the compressed cushion to the floor.

****

**    **

Height (a) inches

Is this an Armchair or sofa? (please circle)

Is your chair a recliner? Yes /No

Please circle the leg type which is most similar to your chair/sofa

**Bed -** Measure the height from the lowest point of the compressed mattress to the floor.



 **** **** **** **** ****

Height (b) inches

Is your bed a **single, double, king size**? Please circle

Please circle the leg type which is most similar to the legs of your bed.

**Toilet** - Measure from the seat to the floor with the lid raised.



* How many toilets do you have? \_\_\_\_\_\_. Please measure each one.
* Upstairs toilet height \_\_\_\_\_\_ inches.
* Downstairs toilet height \_\_\_\_\_\_ inches.

How many toilets do you have? ­­­­ ­­­­­­

Please measure each one

|  |  |
| --- | --- |
| **Upstairs toilet** | **Downstairs toilet** |
| Height C |  | Height C  |  |
| Width D |  | Width D  |  |
| Width E  |  | Width E  |  |

**How to measure your leg length**

* Furniture should ideally be at least the height of your lower leg measurement.
* We therefore ask you to **measure the length of your lower leg** to guide which furniture you should ideally use initially after your operation**.**
	+ Wear flat, comfortable shoes.
	+ Please sit on a firm chair with your feet flat on the floor.
	+ Ask a friend or family member to measure from the crease in the **back of your knee to the floor at your heel**, in a straight vertical line, using a tape measure. (As shown in the photograph).



* Leg Length \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return via postal address or scan and email:

Orthopaedic Occupational Therapy department

Brownsword Therapies Centre

Royal United Hospital

Bath

BA1

Email: ruh-tr.furnitureheightforms@nhs.net