Physical Therapy Client Body Measurement Log

Client Name

Date

Therapist

Height (cm)

Weight (kg)

Age

Neck (cm)

Shoulder (cm)

Chest (cm)

Waist (cm)

Abdomen (cm)

Hip (cm)

Upper Arm Left (cm)

Upper Arm Right (cm)

Forearm Left (cm)

Forearm Right (cm)

Thigh Left (cm)

Thigh Right (cm)

Calf Left (cm)

Calf Right (cm)

Notes