# Home Health/CCP Measuring Worksheet

## General Information

<table>
<thead>
<tr>
<th>Client's name:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client's Medicaid number:</th>
<th>Height:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date when measured:</th>
<th>Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Measurements

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Top of head to bottom of buttocks</td>
</tr>
<tr>
<td>2</td>
<td>Top of shoulder to bottom of buttocks</td>
</tr>
<tr>
<td>3</td>
<td>Arm pit to bottom of buttocks</td>
</tr>
<tr>
<td>4</td>
<td>Elbow to bottom of buttocks</td>
</tr>
<tr>
<td>5</td>
<td>Back of buttocks to back of knee</td>
</tr>
<tr>
<td>6</td>
<td>Foot length</td>
</tr>
<tr>
<td>7</td>
<td>Head width</td>
</tr>
<tr>
<td>8</td>
<td>Shoulder width</td>
</tr>
<tr>
<td>9</td>
<td>Arm pit to arm pit</td>
</tr>
<tr>
<td>10</td>
<td>Hip width</td>
</tr>
<tr>
<td>11</td>
<td>Distance to bottom of left leg (popliteal to heel)</td>
</tr>
<tr>
<td>12</td>
<td>Distance to bottom of right leg (popliteal to heel)</td>
</tr>
</tbody>
</table>

## Additional Comments


## Signatures of Measurer and Qualified Rehabilitation Professional (QRP)

<table>
<thead>
<tr>
<th>Measurer's Name</th>
<th>Measurer's Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measurer's Telephone number:</th>
<th>QRP Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QRP Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>