

Body Measurement Chart

Patient name:	Date of birth:
Sex:	Gender:
Contact information:	Date:
Medical history/information (if needed):	
BMI	
Height:	Weight:
Body mass index:	
Notes:	
Body circumference	
Neck:	Mid upper arm:
Waist:	Hip:
Chest/bust:	Mid-thigh:
Notes:	
Skinfold measurements	
Biceps:	Triceps:
Iliac crest:	Thigh:
Calf:	Subscapular:
Abdomen:	Chest:
Notes:	

Other test(s)**Results**

Additional notes:

Physician's name:

Physician's signature:

Date: