

# Measurement Record Sheet

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date of Measurement: \_\_\_\_\_

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## Body Measurements

Measurement Area	Inches	CM
Neck	_____	_____
Shoulder Width	_____	_____
Chest/Bust	_____	_____
Upper Bust	_____	_____
Underbust	_____	_____
Waist	_____	_____
High Hip (top of hipbone)	_____	_____
Full Hip (widest point)	_____	_____
Thigh (widest point)	_____	_____
Inseam (crotch to ankle)	_____	_____
Outseam (waist to ankle)	_____	_____
Arm Length (shoulder to wrist)	_____	_____
Bicep (widest point)	_____	_____
Wrist	_____	_____
Shoulder to Bust	_____	_____
Shoulder to Waist	_____	_____

Waist to Hip	_____	_____
Waist to Knee	_____	_____
Waist to Floor	_____	_____
Nape to Waist (back length)	_____	_____
Torso (crotch over shoulder to crotch)	_____	_____

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**Fit Notes / Preferences**

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