



Bike Fit Intake Form (Patient To Fill Out)

NAME: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: Male Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Dominant Hand: Right Left

Injury History and year:

Pain and discomfort you are suffering from in the last week:

Do you have pain on the bike? Where?

Medical Conditions or precautions:

How often do you bike:

How long have you had your bike: \_\_\_\_\_ Have you had a bike fitting before? Yes No

Do you wear orthotics? Yes No Are they in your bike shoes? Yes No

Are you currently training for an event? Yes No

If yes, which race and when:

Briefly describe your training process:

Any other information:

Bike Fit Waiver

I, \_\_\_\_\_, acknowledge and agree to the following statements regarding my bike fit today and any other successive appointments/meetings:

(Please initial by each statement. The original copy will be placed in your files.)

\_\_\_\_ As the owner/operator of this bike, I take responsibility for all mechanics and upkeep for said bike.

\_\_\_\_ It is my responsibility to check any and all parts that were moved/tightened/loosened during the bike fit to ensure that I am safe while I ride my bike.

\_\_\_\_ I will take my bike to a bike shop to have the bike double checked if there are any questions/concerns regarding any part/component of the bike that was worked on today or any successive bike fit at this location (especially if this is recommended by my fitter).

\_\_\_\_ I acknowledge that riding a bike (although fun and fast) is unpredictable and can be dangerous to my physical welfare.

\_\_\_\_ I understand that my body will change over time due to changes in strength, flexibility and any new or re-aggravated pre-existing injury. Therefore, the bike fit may need to be altered in accordance to these changes thus necessitating a "re-check" in the future.

\_\_\_\_ The first ride after my bike fit will be a flat, easy, low mileage ride not to exceed 20 miles (or ¼ of my longest training ride).

\_\_\_\_ I will adhere to my "off-the-bike physical program" developed by my fitter to maximize the benefits of my current/new cycling position.

\_\_\_\_ It is my responsibility to make the fitter aware of any new issue/pain/concern about my body or bike after the bike fit has been completed.

Cyclist/Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Fitter: \_\_\_\_\_

Thank you!

