



1270 East Powell Rd  
Lewis Center, OH 43035  
Ph: 614-981-2065

1344 West Lane Ave  
Columbus, OH 43221  
Ph: 614-981-1979

**BIKE FIT INTAKE**

*To be completed prior to bike fitting session*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

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

Height \_\_\_\_\_ ft \_\_\_\_\_ in                      Weight \_\_\_\_\_ lbs                      Male/Female

Occupation \_\_\_\_\_ Aprox # Hrs sitting per day \_\_\_\_\_

**What are your cycling goals?** \_\_\_\_\_  
\_\_\_\_\_

**How many miles/hours do you ride per week (ave)?** \_\_\_\_\_

**What kind of bike will be fitted? (check one)**

Road: \_\_\_\_\_ Mountain: \_\_\_\_\_ 26in wheels \_\_\_\_\_ 29in wheels \_\_\_\_\_

Other: \_\_\_\_\_

Size: \_\_\_\_\_ Brand: \_\_\_\_\_ Model: \_\_\_\_\_

**How long have you been riding this bike?** \_\_\_\_\_

**What kind of pedals do you use?** \_\_\_\_\_ **How long using them?** \_\_\_\_\_

Number of screws in cleat? (circle one)    Two    three    four

**What kind of brake system do you use? (disc, V-brakes, hydraulic)** \_\_\_\_\_

**Have you had a professional bike fitting in the past?** \_\_\_\_\_ if yes, when? \_\_\_\_\_

**Why do you want a bike fitting?** \_\_\_\_\_  
\_\_\_\_\_

**Previous Injuries:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FIT FOR LIFE

PHYSICAL THERAPY

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**Below are common areas where people have symptoms while cycling. Next to the body parts listed below, please describe *any* symptoms you feel while riding your bike.**

**Include the following:**

**What kind of symptom?** (dull pain, numb tingly etc), **which side?**(right or left), **where?** (Inside, outside, front, back) **How long into the ride does the symptom begin?**

Foot/feet: \_\_\_\_\_

Ankle: \_\_\_\_\_

Knee: \_\_\_\_\_

Hip: \_\_\_\_\_

Saddle region: \_\_\_\_\_

Low Back: \_\_\_\_\_

Upper Back: \_\_\_\_\_

Neck: \_\_\_\_\_

Shoulder: \_\_\_\_\_

Wrist/Hand: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Any other comments about symptoms on the bike? \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please send a picture of your bike to:** [Laura.Comtois@FitForLifePhysicalTherapy.com](mailto:Laura.Comtois@FitForLifePhysicalTherapy.com)

**Clinician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_