

# Canyon Physical Therapy and Aquatic Rehabilitation

## Bike Fit Registration

### Client Info

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Last Name

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First Name

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Address

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City

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Zip Code

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Phone Number

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Email Address

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How Did You Hear About Us?

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Date of Birth

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Gender

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Height

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Weight

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Emergency Contact Name

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Phone Number

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Relationship

### Cycling Info

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Bike Being Fit Today(size, suspension)

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Current Days/Week Biking

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Miles/Week

Have you ever had a bike fit before? Yes / No

If yes, is this the bike you're having fit today? Yes / No Date of Fit: \_\_\_\_\_

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Any previous crashes on *this* bike? If YES, explain.

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List any new cycling equipment changes.

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Any injury, pain or concerns while riding the bike?

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Describe symptom type (i.e. sharp, numbness...), location and duration.

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When do symptoms occur during the ride?

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Do you have the same symptoms when off of the bike?

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How do you currently address symptoms/injuries? (i.e. medication, other health care services, etc.)

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Do you have any previous injuries or health-related issues of concern?

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What are your goals for the bike fit today?