VAUGHAN PHYSIOTHERAPY CLINIC

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Scan for your patient portal: book, forms and receipts

Bike Fit Intake

Get better today.

Please bring your bike, cycling shoes, riding kit and a trainer adapter if you use a thru-axle.

Patient name *		**Date of birth ***	Y Y Y Y - M M - D D

Your bike

Bike type(s) *	☐ Road ☐ Gravel ☐ Triathlon / TT ☐ Mountain ☐ Hybrid ☐ Commuter ☐ E-bike ☐ Indoor trainer		
Make, model, year *		**Frame size ***	
Cycling shoes (model, size)		**Pedals and cleats**	
Saddle			

Your riding

What do you want from the fit? *			
Hours per week		**Longest ride (km)**	
Upcoming events			
Discomfort on the bike	☐ Neck ☐ Shoulders ☐ Hands numb ☐ Low back ☐ Saddle area ☐ Hips ☐ Knees ☐ Feet ☐ None		
Fitted before?	◯ Yes ◯ No	**When and where**	
What changed at your last fit			

Signature *		**Date ***	Y Y Y Y - M M - D D