

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

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

Bike Type:  ROAD  MOUNTAIN  HYBRID  OTHER \_\_\_\_\_

Bike Make (ie. Trek, Specialized, Yeti, Cervelo): \_\_\_\_\_

Bike Model: \_\_\_\_\_ Shoes:  CLIPS  FLATS  OTHER \_\_\_\_\_

**CURRENT PAIN THAT IS RELATED TO BIKING:**

**Toe Numbness:**

YES  NO

**Back Pain:**

YES  NO

**Hand Numbness/Tingling:**

YES  NO

**Knee Pain:**

YES  NO

**Shoulder Pain:**

YES  NO

**Hip Pain:**

YES  NO

**Neck Pain:**

YES  NO

**GENERAL INFORMATION:**

**Injury or Surgical History:**

*Questionnaire continued on page 2*

**BRECKENRIDGE**

880 Airport Rd  
Breckenridge, CO 80424  
970.453.4364

**EDWARDS**

1140 Edwards Village Blvd  
Suite B105  
Edwards, CO 81632  
970.477.4457

**FRISCO**

360 Peak One Dr  
Frisco, CO 80443  
970.668.0888

**SILVERTHORNE**

555 Adams Ave  
Silverthorne, CO 80498  
970.262.6106

**GENERAL INFORMATION CONT:**

Cycling hours per week: \_\_\_\_\_ Frequency of riding per week: \_\_\_\_\_

Any changes to your riding style (duration, frequency, etc.):

New equipment (shoes, cleats):

How long have you had this bike? \_\_\_\_\_ Have you ever had a professional bike fit?  YES  NO

What are your goals for this bike fit?

What are your biking goals?

Additional comments/notes:

*Please wear your normal bike clothing including shoes, padded shorts, gloves, etc.*

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