



Fit Services Interview

DATE _____

TYPE OF FIT _____

Contact Info

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____

EMAIL _____

Background/Riding Style

M F Age _____ Height _____ Weight _____ lbs Build _____

Recreational Serious Recreational Racer Years Cycling _____ Miles/Yr _____ Days/Wk _____ (summer) _____ (winter)

Avg Ride: Distance _____ Speed _____ mph Cadence _____

BIKE BRAND/MODEL _____ SHOES / PEDALS _____ SHOE SIZE _____

OCCUPATION _____

Are there any issues that need to be addressed, ie., neck pain, back pain, knee pain etc. ? _____

Foot Knee Legs Hip Saddle Hand Arm Lower Back Back Shoulder Neck

Riding style: How do you get your yearly miles (club rides, organized rides, solo rides)?

Current physical activities (weekly or more frequent). _____

Any current on-the-bike problems. _____

Injuries and special notes (broken bones, surgeries, chronic issues). _____

Foot Knee Legs Hip Saddle Hand Arm Lower Back Back Shoulder Neck