



BIKE FIT QUESTIONNAIRE:

1. Please list the primary goal(s) for your bike fit: _____
2. What brand of spin bike do you have? _____
3. Preferred appointment type: In-person TeleHealth
4. Have you had a fit on this bike in the past? Yes No
If yes, briefly describe: _____
5. Average mileage or time spent per week cycling: _____
6. Please check any of the symptoms you are experiencing associated with cycling:
 - Hip pain
 - Knee pain
 - Ankle pain
 - Foot pain/ numbness
 - Numbness or pain in saddle region
 - Difficulty with urination holding or voiding
 - Sexual dysfunction
 - Lower back pain
 - Mid-back pain
 - Shoulder pain
 - Elbow pain
 - Hand/wrist pain
 - Symptoms radiating into legs or arms
 - Numbness in arms or fingers
 - Other: _____
7. When did these symptoms start? _____
8. How long do these symptoms persist after a ride? < 3 hrs 1 or more days more than 3 days.
If more than 3 days, list what daily activities are affected _____
9. List any recent part or equipment changes, e.g. new shoes, saddle, changes in handlebar height:

10. Additional questions/comments:

Payments can be made online at pay.instamed.com/strideseattle or on the phone at (206) 547-7445.

By signing this form you are agreeing to pay the balance in full.

Client Signature