

BIKE FITTING REGISTRATION

Patient Name: (Last, First, Middle Intl.)	Birth Date:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Mailing address:	City:	State: Zip:
Home Phone #	Cell Phone #	Work Phone #
Email address:		
How did you hear about us?		
Insurance Directory <input type="checkbox"/> Dex <input type="checkbox"/> G&L Yellow <input type="checkbox"/> Flier <input type="checkbox"/> Redirect <input type="checkbox"/> Location <input type="checkbox"/> Verizon <input type="checkbox"/> Other: _____		
Internet: City Search <input type="checkbox"/> Dex Online <input type="checkbox"/> NHIT Website <input type="checkbox"/> Yahoo <input type="checkbox"/> Google <input type="checkbox"/> Key words used in search _____		

BIKING INFORMATION

Riding Style					
Leisure Road Bike <input type="checkbox"/>	Commuter <input type="checkbox"/>	Commercial <input type="checkbox"/>			
Cross Country <input type="checkbox"/>	Racing <input type="checkbox"/> *	Other: _____			
How many miles per week do you ride?					
Less than 10 <input type="checkbox"/>	10-20 <input type="checkbox"/>	21-50 <input type="checkbox"/>	51- 80 <input type="checkbox"/>	81-100 <input type="checkbox"/>	100 Plus <input type="checkbox"/>
Have you had any recent equipment changes? Yes <input type="checkbox"/> No <input type="checkbox"/>			*Racing, Consultations only		

PHYSICAL COMPLAINTS

Are there any specific areas of discomfort or pain while riding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any recent bicycle crashes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any recent medical issues, surgery, injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to any of these questions please explain.	

Other Information

- Bike fitting is limited to one bike per session
- Bike and tires must be clean
- Allow a half an hour for the fitting

Disclaimer:

Bike fitting sessions are specifically for determining if a bike is the right size for the rider and for making adjustments to the seat post, seat and handle bars in order to fit the bike to the rider. Bike fittings are not intended to replace, or do any mechanical maintenance or tune up on your bike. All maintenance issues should be worked on by a qualified bike technician. New Heights Integrative Therapy, Inc. and its employees are not liable for any damage caused by or that result from any adjustments made on your bike.

Signature

Date

Appt Date: _____ Time: _____ Employee Initials: _____