



KINGSTON PHYSIOTHERAPY & SPORTS INJURY CENTRE

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Please return this page
by fax or email, **before** your screening
assessment, if possible.

BIKEFIT - Client Recording Sheet

NAME:		DATE OF BIRTH:
CLUB (if applicable):		SCREENING DATE:
YOUR CURRENT CYCLING ROUTINE: Incl. kms per week/month; Cycling days/week; Road/Off-road/Hills	*	
CURRENT CYCLING GOALS: Incl. events/competitions & approx. dates Short/Medium/Long term	*	
CURRENT CYCLING PROBLEMS/INJURIES: Effect these have on your cycling?	*	
PREVIOUS INJURIES/SURGERIES: Effect these had/have on your cycling?	*	
BIKE FIT HISTORY: Have you been assessed before? If so, when and what adjustments were made?	*	
BIKE MAKE, MODEL, SIZE & TYPE:	*	
PEDAL TYPE: Cleated – Road or MTB? Flat?	*	

*Attach further detail if insufficient space.

PLEASE NOTE: *The BIKEFIT screening assessment is intended to compare your current bike set up with standard cycling geometry parameters for your body size. If you are suffering with any problems or injuries associated with cycling, we recommend booking a regular Physiotherapy consultation to assess the interaction between your problem, your riding technique, and your bike/body geometry.*