



Muscle Activation Techniques Health History

Date: _____ Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone: _____ Occupation: _____

Emergency Contact & Phone: _____

E-mail: _____ Referred By: _____

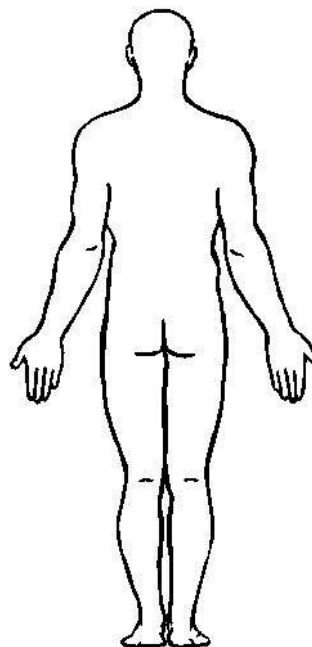
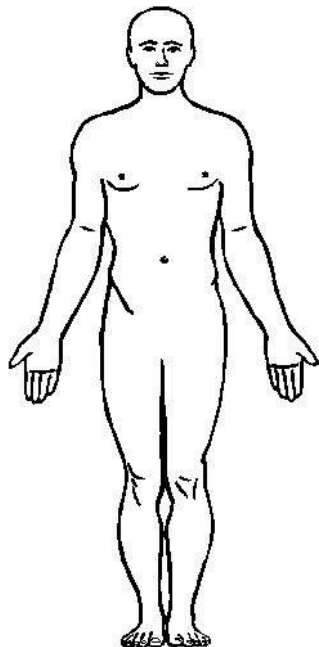
Current Medications/OTC/Supplements & WHY: _____

List any sports/regular physical activities you do: _____

What makes your symptoms worse/better? (i.e. sitting, activity, cold) Worse: _____

_____ Better: _____

Please mark on the body forms with an “X” where you are experiencing pain, tightness, Or other discomfort. Please describe the sensation (burning, sharp, aching, etc.)



Please list all injuries/accidents below

Date Type of Injury (fracture, whiplash, falls, torn ligament, car accident etc.)

Please list all medical/structural diagnosis below

Date Type of Diagnosis (disc herniation, lyme’s, scoliosis, etc.)

Please list all previous/current treatments below

Date Type of treatment (physical therapy, chiropractic, etc.) (Please circle result)

		Better Same Worse
		Better Same Worse
		Better Same Worse

Please list all previous surgeries below

Date Procedure

I hereby request and consent to the performance of Muscle Activation Techniques®. I understand MAT® specialists do not diagnose illness, disease, or any other physical disorder, nor do they perform any spinal manipulations. I understand I should see a doctor or other appropriate health care provider for diagnosis and treatment of any conditions I may have, and keep the specialist informed of any changes in my health in the future. I understand MAT® is an elective service that is not covered by insurance. I understand treatment will include specific pressure to spots on the body that are sometimes sensitive. It is possible surface bruising could occur from this. By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment.

Cancellations

Cancellations must be made 24 hours in advance or you will be charged for the full price of your session.

I acknowledge the cancellation policy and will adhere to this policy.

Signature _____

Date _____