

emersonfitness.com

 New Client Information
 Muscle Activation Technique

Welcome! If you have any questions please contact Scott Emerson at **(614) 657-7649** or scott@emersonfitness.com.

| | | | | |
|-------------|--------------------|-------|-----|------|
| Name | Date of Birth | Age | Sex | Date |
| Address | Current Occupation | | | |
| Referred by | | | | |
| Home Phone | Cell Phone | Email | | |

Please complete the following information as completely and thoroughly as possible. This is an extremely important section of this questionnaire.

1. Trauma/Injury/Surgery History

Starting with your earliest memory, include even what you might consider minor, non-medically treated injuries. (Diagnosed Diseases will be listed in Section 3.)

| Body Part | 1-18 years | 19-29 years | 30-45 years | 46-60 years | 60+ years |
|------------------------------------|------------|-------------|-------------|-------------|-----------|
| Head/Jaw i.e. Clicking jaw | | | | | |
| Cervical/ Neck i.e. Whiplash | | | | | |
| Thoracic/ Midback | | | | | |
| Lumbar/ Low back | | | | | |
| Ribs | | | | | |

01-08-01

| Body Part | 1-18 years | 19-29 years | 30-45 years | 46-60 years | 60+ years |
|--|-------------------|--------------------|--------------------|--------------------|------------------|
| Pelvis | | | | | |
| Shoulder/ Scapulae/ Rotator cuff | | | | | |
| Elbow i.e. Tennis elbow | | | | | |
| Wrist/Hand | | | | | |
| Hips | | | | | |
| Knees Patella, ACL, Tendonitis | | | | | |
| Ankles/Feet Do you wear Orthotics? | | | | | |

Additional Notes for Trauma/Injury/Surgery History

2. Cosmetic Plastic Surgery (Please describe any procedures you have had below.)

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3. Diagnosed Diseases (Please provide all medical reports, i.e. X-rays, MRI/CT Scans)

List the names of the diseases under Initial Diagnosis, and describe treatment and progression under Treatment History.

| Orthopedic (i.e. Spinal fusion, Knee joint replacement) | |
|---|-------------------|
| Initial Diagnosis | Treatment History |
| | |
| | |
| | |
| | |

| Metabolic (i.e. Diabetes, Hypothyroid) | |
|--|-------------------|
| Initial Diagnosis | Treatment History |
| | |
| | |
| | |
| | |

| Neurological (i.e. Stroke, Parkinson's) | |
|---|-------------------|
| Initial Diagnosis | Treatment History |
| | |
| | |

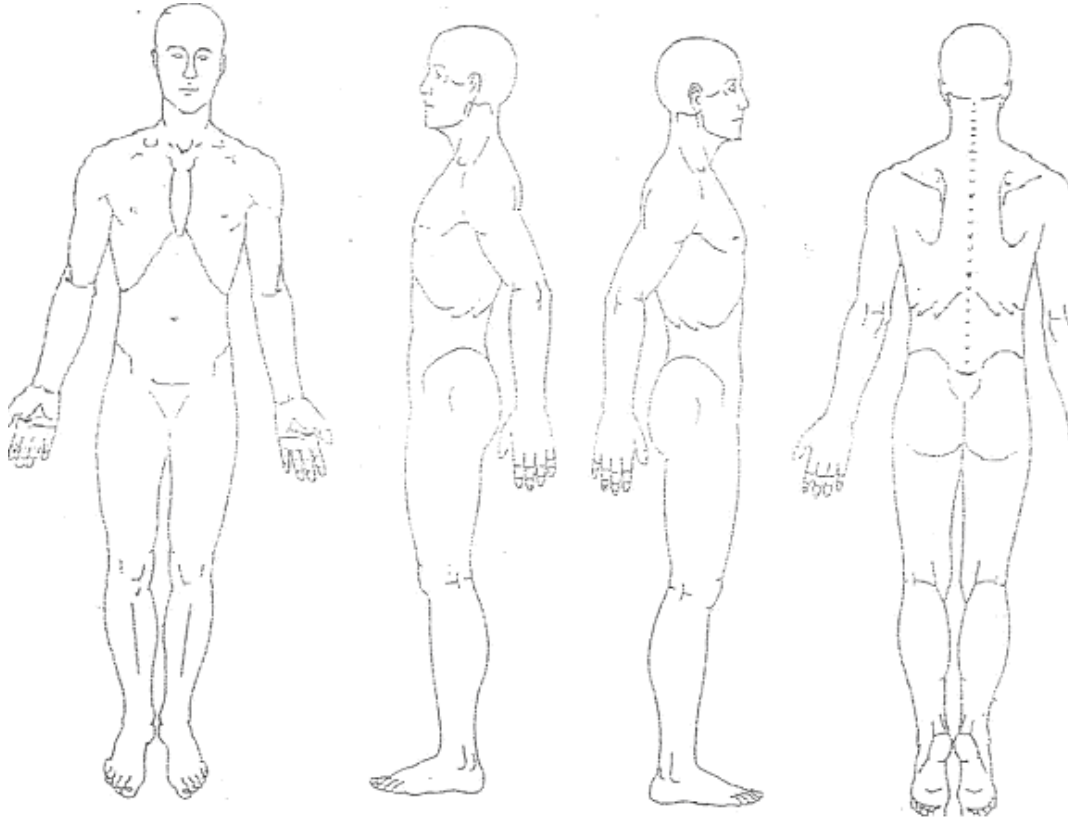
| Dental Work (Braces/Night Bite Plates, Appliances) | |
|--|-------------------|
| Initial Diagnosis | Treatment History |
| | |
| | |

4. Occupational Stressors

| | | | |
|--|----------------------|-------------------|---|
| What occupations have you held, including current? | | | |
| Please indicate below how many years total you have experienced each stressor. | | | |
| Physical: | ___years Sitting | ___years Standing | ___years Positional |
| Emotional: | ___years Hi Pressure | ___years Boring | ___years Intermittently Hi & Low Pressure |

03-08-01

5. Skeletal Evaluation Form (Circle areas of pain below.)



Brief description of pain:

04-08-01

6. Waiver Form for Client of MAT SPECIALIST Scott D. Emerson

Muscle Activation Techniques is a bodywork technique using a systematic approach to identifying and treating muscular imbalances that relate to injury. The focus of the evaluation procedure is based upon the understanding that the body will protect itself when it recognizes instability. Therefore, muscles tighten up as a protective measure when instability is recognized.

The muscle activation techniques addresses the component of muscle weakness as a cause for limitations in joint range of motion. When muscles are weak, and/or have lost proprioceptive input, then the joint that it supports becomes unstable. This instability must be identified and addressed. The MAT techniques are designed to identify and correct the positions of instability. When performed in this manner, the natural protective mechanisms are diminished and normal joint motion occurs. The end result is that we are not only increasing joint motion, but we are also making sure that there is increased stability through that range of motion (Mobility & Stability).

The undersigned understands and agrees that during the visit he/she is not receiving physical therapy or chiropractic work. It is understood that muscle activation technique therapy is the only technique used in this session.

Client's Signature: _____ Date: _____



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05-08-01