# Confidential Patient Case History

*Dear Patient: Please complete this questionnaire. Your answers will help us determine if Muscle Activation Techniques (MAT) can help you. If we do not sincerely believe your conditions will respond satisfactorily, we will not accept your case. THANK YOU.*

Please check the appropriate box for any of the following synptoms which you now have or have had previously. We want all the facts about your health before we accept your case. THIS IS A CONFIDENTIAL HEALTH REPORT.

**O - OCCASIONAL**
**F - FREQUENT**
**C - CONSTANT**

| O | F | C | LOWER BODY |
|---|---|---|---|
| ❑ | ❑ | ❑ | Hip pain |
| ❑ | ❑ | ❑ | Low back pain |
| ❑ | ❑ | ❑ | DJD: Hip |
| ❑ | ❑ | ❑ | DJD: Knee |
| ❑ | ❑ | ❑ | Knee pain |
| ❑ | ❑ | ❑ | Oshkin Slaughters Disease |
| ❑ | ❑ | ❑ | Greater trochanter bursitis |
| ❑ | ❑ | ❑ | Piriformis syndrome |
| ❑ | ❑ | ❑ | Sciatica |
| ❑ | ❑ | ❑ | IT band syndrome |
| ❑ | ❑ | ❑ | Patellar tendonitis |
| ❑ | ❑ | ❑ | Neuroma |
| ❑ | ❑ | ❑ | Patellofemoral syndrome |
| ❑ | ❑ | ❑ | Achilles tendonitis |
| ❑ | ❑ | ❑ | Shin splints |
| ❑ | ❑ | ❑ | Plantar fascitis |
| ❑ | ❑ | ❑ | Repetitive ankle sprains |
| ❑ | ❑ | ❑ | Tight calf muscles |
| ❑ | ❑ | ❑ | Tight hamstrings |
| ❑ | ❑ | ❑ | Tight hip flexors |
| ❑ | ❑ | ❑ | Limited ankle flexibility |

| O | F | C | UPPER BODY |
|---|---|---|---|
| ❑ | ❑ | ❑ | Frozen shoulder |
| ❑ | ❑ | ❑ | Limited shoulder range of motion |
| ❑ | ❑ | ❑ | Shoulder pain |
| ❑ | ❑ | ❑ | Rotator Cuff pain |
| ❑ | ❑ | ❑ | Tennis Elbow |
| ❑ | ❑ | ❑ | Golfers Elbow |
| ❑ | ❑ | ❑ | General elbow pain |
| ❑ | ❑ | ❑ | Wrist pain |
| ❑ | ❑ | ❑ | Limited grip strength |
| ❑ | ❑ | ❑ | Headaches |
| ❑ | ❑ | ❑ | Migraines |
| ❑ | ❑ | ❑ | Neck pain |
| ❑ | ❑ | ❑ | Back pain |
| ❑ | ❑ | ❑ | Winged shoulder blades |
| ❑ | ❑ | ❑ | Kyphosis |
| ❑ | ❑ | ❑ | Lower crossed syndrome |
| ❑ | ❑ | ❑ | Upper crossed syndrome |
| ❑ | ❑ | ❑ | Clavicle pain |

**OTHER SYMPTOMS:**

_____

_____

Do you exercise? _____ If so, how often?_____ Intensity? _____

Client's Signature _____ Date _____