



Pre – Consultation Form

Please fill out this form and either e-mail it to your MAT Specialist or bring it along to your consultation. The information provided will enable you to gain more from your consultation and aid your MAT Specialist in putting together an action plan for your treatment.

Name:

Date of Birth:

Age:

Contact Number:

Email:

Present issue / what would you like to achieve from Muscle Activation Techniques?

Please list your current day to day activities, hobbies and sports (if any).

Please comment if you find any particular activities / behaviours (eating and emotional) are associated with or limited by the issue or contribute to it in any way.

History of aches, pains and injuries and medical conditions.

Please comment on where, when, how old you were, how long ago this was, the cause (if known), how severe, how long it lasted for, is it still ongoing, particular side effects. Please turn over or use additional paper if needed.