Juliet O'Barr Muscle Activation

Client Intake Form

Name: _____ Date of birth: ____/____/____ Gender: ___
mo day year

Address: _____ City, Zip: _____

Home Ph: (____)_____ Cell: (____)_____ Work: (____)_____

Email: _____ What is the best way to contact you? _____

If under 18, parent/guardian (name & phone): _____

Emergency contact (name & phone): _____

Please circle any of the following activities/events if you are currently participating in/experiencing them, or have ever participated in/experienced them in the past:

Horseback riding	Motorcycle riding	Bicycle riding	Car accident	Orthotic use
Rock climbing	Soccer	Ballet	Rodeo	Tackle football
Martial arts	Hang gliding	Military	Skateboarding	Basketball
Diving	Gymnastics	Surfing	Construction work	Chiropractic
Yoga	Physical Therapy	High heels	Running	Heavy weight training

Downhill skiing/snowboarding

Been forcefully punched, kicked or slapped

Fall from a height greater than your own height

Fallen down stairs, bunkbed, playground equipment

HEALTH CONDITIONS. Circle any of the following condition(s) you currently have, or have had in the past:

Stroke	Hypertension	Hemophilia / anticoagulant medication
Diabetes Type I or II	Crohn's Disease	Whooping Cough/COVID
Ankle Sprains	Incontinence	Asthma, breathing/lung problems, breathlessness
Neuropathy	Numbness in the extremities	Faintness, dizziness, or loss of balance
Arthritis	Chronic fatigue syndrome	Cigarette smoking, high alcohol use, or recreational drug use
Swollen joints	Orthopedic condition	Recent injury, surgery, concussion, hospitalization
Fibromyalgia	Serious varicose veins	Difficulty with exercise or advice to limit exercise
Lupus	Cancer or other serious disease	Previously or Currently Pregnant. Due Date _____
Hernia	Heart condition	Neurological (ALS, Parkinson's, Multiple Sclerosis, Epilepsy)
Scoliosis	Teeth Grinding	Arch Supports/Prescription Footwear

Any other medical condition not listed here that may be of concern for your bodyworker: _____

Please list all **medications and supplements** you are currently taking and what they are for:

Medication/Supplement:	Treating what?
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

*In the following table please describe any muscle/joint pain, injury, surgery, or muscle/skeletal condition going **all the way back to birth**:*

Body Part	**Pain/Injury/Surgery (please indicate age/year of incident/onset)**
Head/Jaw (e.g. TMJ, concussion, braces)	
Neck/Cervical (e.g. whiplash)	
Shoulder/Upper Arm (e.g. rotator cuff, clavical)	
Elbow/Forearm (e.g. tennis/golfers' elbow)	
Wrist Hand (e.g. carpal tunnel)	
Upper Back	
Lower Back	
Abdomen/Ribs (e.g. hernia, c-section)	
Pelvis/Hips/Thighs (e.g. giving birth, joint replacement)	
Knee (e.g. ACL, Osgood-Schlatter)	
Ankle/Foot (e.g. plantar fasciitis, bunion, sprains)	

How would you rate your current level of pain? (LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)

What activities/positions aggravate your condition? _____

_____

_____

Have you seen, or are you currently seeing, any other practitioner for your current physical pain or injury?

Name/Type of Practitioner	*Treatment Provided*
_____	_____
_____	_____
_____	_____
_____	_____

TERMS & CONDITIONS

INFORMED CONSENT

- I understand that **Muscle Activation Techniques™** (MAT) is a technique that uses a systematic approach to identify and treat muscular imbalances that relate to injury and pain. The focus of the evaluation procedure is based upon the understanding that the body will protect itself when it senses instability (muscle weakness). This protective reaction frequently takes the form of muscular tightness. MAT views the result of muscle weakness (instability) as a one potential cause for limitations in joint range of motion. MAT is designed to identify and correct the positions of instability throughout the musculoskeletal system. When MAT is performed and balanced stability is restored across the joints, the natural protective mechanisms of muscular tightness are allowed to diminish with the end result of creating more optimal joint ranges of motion. The goal is to not only normalize joint motion, but to also increase stability through that range of motion (Mobility AND Stability).
- I understand that **MAT is a hands-on** biomechanical technique that requires manual palpation of the origin and insertion (tendonous and membranous attachments) of muscles **which may involve discomfort** at these palpation sites. In addition, isometric exercises might be utilized as an additional tool to create better muscular contraction.
- I understand that **MAT is not physical therapy**, chiropractic, or medical treatment, and that MAT cannot be used to diagnose, treat, or cure any medical condition. I also understand that I should consult a physician before beginning any treatment plan.
- I **consent to voluntarily engage in MAT** and understand that I am free to stop any session at any time.
- **Payment/Cancellation Policy:** Applicable payment is due at the time of any appointment and cancellations must be made at least 24 hours prior to the time of the appointment to avoid full charge. There will be a $25 fee for any returned check.
- **If the person named on this form is under 18 years of age (a Minor), the parent/legal guardian** is responsible for knowing if/when the Minor has scheduled any MAT sessions. The parent/legal guardian may observe/supervise sessions if they desire. If the Minor attends any session without the parent/legal guardian, it will be assumed that the parent/legal guardian gives permission for the session to occur without parent/legal guardian present, unless otherwise expressly informed by the parent/legal guardian.

WAIVER, RELEASE OF LIABILITY AND CONSENT TO MEDICAL ATTENTION

In exchange for my being allowed to participate in Muscle Activation Techniques (MAT) sessions, I, and if I am not yet 18 years of age, my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. **Identification of Risks:** I understand that participating in MAT may involve risk of injury, disability and death.
2. **Assumption of Risk:** I am physically and psychologically ready to participate in MAT and assume all risks connected with my participation in MAT.
3. **Status of the MAT Practitioner:** I understand and represent that Juliet O'Barr is not my physician and that MAT does not constitute the provision of medical or health care services.
4. **Waiver and Release:** I release and discharge Juliet O'Barr from any and all claims, demands, damages, or liability of any kind for, injury, loss, or damage in any way connected with my participation in MAT, whether or not it is caused in whole or part or directly or indirectly as a result of any prescriptive advice, treatments, or workouts I receive during my MAT session(s). I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely and unless and until I provide written notification to Juliet O'Barr to the contrary. This waiver and release nullifies any prior waiver and release signed by me.
5. **Consent to Medical Treatment:** I agree that Juliet O'Barr may, but has no duty to provide me, through medical personnel of their choice, customary medical, transportation, and emergency medical services.

By signing below, I affirm that I fully understand and agree to these TERMS & CONDITIONS (including the INFORMED CONSENT, TERMS, and WAIVER, RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT). I understand that I give up substantial rights by agreeing to the TERMS & CONDITIONS, and affirm that I do so voluntarily.

Date	Printed Name	Signature	Parent/Legal Guardian Signature