

□ 100 - 2200 McPHILLIPS ST., WPG., MB R2V 3P4 • PHONE 694-2337 • FAX 633-9550 • Across from Garden City Centre □ 120 - 3025 PORTAGE AVE., WPG., MB R3K 2E2 • PHONE 889-8769 • FAX 889-4852 • At Sturgeon Creek Road □ 108 - 2110 MAIN ST., WPG., MB R2V 2C2 • PHONE 338-0008 • FAX 338-6083 • Across from Kildonan Golf Course □ 4 - 827 DAKOTA ST., WPG., MB R2M 5M2 • PHONE 257-7678 • FAX 256-9096 • Across from St. Vital Centre	
NAME: DATE:	
PHONE/HOME: PHONE/WORK:	
DIAGNOSIS:	
PRECAUTIONS (Recent surgery, medical conditions, x-rays, etc.)	
ASSESS AND TREAT	
TREATMENT REQUIRED	
BACK EDUCATION PROGRAM NECK EDUCATION	N PROGRAM
ACUPUNCTURE RE-CONDITIONIN	G EXERCISES
FUNCTIONAL CAPACITY ASSESSMENT JOB ANALYSIS	
PHYSICIAN'S NAME:	
SIGNATURE:	