



**DR. BEN TOWNSEND**

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**Athletic Therapy Intake Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ PH: \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Family Physician: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Claim Information (only to be filled out if MPI/WCB injury)  
 MPI/WCB claim number: \_\_\_\_\_

<b>Injury Information</b>
<b>Each appointment is based on one injury site per treatment</b>
Main complaint:
Location of injury:
Date of injury:
Is this a reoccurring injury? Y / N
How did it start?
Have you seen any other health care provider for this injury? If yes who?
How bad is the pain (0=no pain – 10=unbearable)?
Any numbness or tingling?
Any radiating pain?
What makes it better?
What makes it worse?
Previous injuries:
Current medical conditions:
Current medications?

SHIN SPLINTS CONCUSSION KNEE INJURY JOINT PAIN ANKLE SPRAIN SORE BACK ACL TEAR TENNIS ELBOW  
 MUSCLE SPASM GROIN PULL ACL TEAR SHIN SPLINTS CONCUSSION KNEE INJURY JOINT PAIN ANKLE SPRAIN  
 SORE BACK ACL TEAR TENNIS ELBOW MUSCLE SPASM GROIN PULL ACL TEAR SHIN SPLINTS CONCUSSION  
 KNEE INJURY JOINT PAIN ANKLE **GET BACK TO YOUR BEST** SPRAIN SORE BACK ACL TEAR  
 TENNIS ELBOW MUSCLE CONCUSSION KNEE INJURY JOINT PAIN ANKLE SPRAIN SORE BACK ACL TEAR  
 TENNIS ELBOW MUSCLE SPASM GROIN PULL ACL TEAR SHIN SPLINTS CONCUSSION KNEE INJURY JOINT  
 PAIN ANKLE SPRAIN SORE BACK ACL TEAR TENNIS ELBOW MUSCLE SPASM GROIN PULL ACL TEAR SPASM