Patient Name:
Date:
Occupation:

CHIROPRACTIC TESTIMONIAL

Tell your story about how Chiropractic helped you regain, obtain, and enjoy life and health more abundantly! Remember, your story may help other achieve the level of health that all of us deserve.

1. What problems were you having that caused you to seek treatment at our office?
   _____
   _____
   _____
2. Are your problems the result of an () auto accident () fall () jar () emotional shock () or any other specific incident? _____
3. How long have you had these problems?_____
   _____
4. Please state how these health problems have interfered with your normal life's activities and relationships? _____
   _____
5. Describe your results and/or changes that have taken place since you began care until the present. _____
   _____
6. If your family is now under regular chiropractic care and getting their adjustments, comment about the changes in them thus far. _____
   _____
   _____
   _____
7. Tell us your story. _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

Signature: _____

Date: _____