

Chiropractic Success Stories

Name _____ Date _____

Reason For Beginning Chiropractic Care _____

How Long Were You Experiencing These Problems _____

What Was It Like At Its Worst And How Did It Affect Your Life _____

Previous Attitude or Experience With Chiropractic _____

Past Treatments And Results _____

What Progress Have You Made Since Beginning Chiropractic Care _____

I Was Referred to This Office By _____

Any Additional Comments About Our Office and Your Care You Have Received _____

Signed _____