

# Chiropractic Success Story



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 \_\_\_\_\_

What Else Did You Try And With What Results \_\_\_\_\_

What Progress Have You Made Since Beginning Chiropractic Care \_\_\_\_\_

What Side Benefits Have You Experienced And How Has This Affected Your Life \_\_\_\_\_

I was Referred To This Office By \_\_\_\_\_

Additional Comments About Our Office And The Care You Have Received \_\_\_\_\_

Please Feel Free To Use This Sheet To Promote The Benefits Of Chiropractic Care