

Patient Testimonial Form

My Life Prior To Chiropractic Care

- When was your first appointment in this office? _____
- Did someone refer you to our office? Who? _____
- Why did you first come to see us? (*Example: Injured myself, auto accident, accident at work, just wanted to improved quality of life*) _____
- Describe in more detail how it happened, name of your disorder, symptoms, location of pain, severity. _____
- Describe how these health problems have interfered with your normal life's activities and relationships. _____
- How long have you had these problems? _____
- What led to your decision to try chiropractic? _____
- Had you previously been to a chiropractor, medical doctor, specialist, or other alternative prior to your visit to our office? _____
- Describe previous treatment and those results. _____
- Was medication a part of your treatment previously? If so, what were the results? _____

My Experience With Chiropractic Care

- What were your first impressions of chiropractic, this office, the doctors and the staff? _____

My Life Since Chiropractic Care

- Describe how chiropractic care has helped you. _____
- When did you begin to see results from our chiropractic care? _____
- How has chiropractic care changed your life? _____
- Any additional comments about techniques used in our office, exercise programs, spinal care class, the staff? _____
- Do you have any words of encouragement for others? _____

Patient Name: _____