

Testimonial of the New & Wonderful Approach to Health

Name of PT _____

Name of Interviewed _____ Date _____

1. What was your condition? (degree of suffering, location, duration of condition, etc)
2. What corrective measure had you taken before trying chiropractic?
3. How were you referred to our clinic?
4. Did your previous condition interfere with hobbies/daily activities?
5. How have you improved?
6. Words of encouragement for others.
7. Additional request....picture of yourself/family.

I _____ certify that this interview was done by myself and that the interviewer correctly stated my answers and will now use them to comprise a paragraph of my testimonial.

Signature of Patient _____