

**Testimonial questionnaire**

**What was the reason you came to a Chiropractor?**

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**OUR SUPER PATIENT**

**PHOTO**

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**What had you tried prior to coming to us, and did it work?**

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**What results have you received from chiropractic care?**

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**Were there any changes that you did not expect?**

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**Signature**

**Date**

**Print name** \_\_\_\_\_

**My signature will give permission to The Chiropractic Wellness Center to use any or all of the facts including my photograph in this questionnaire on the "Wall of fame" or in studies and research data.**