



## My Chiropractic Testimony

What was your particular condition? When did it begin? How long have you had it? What caused it? What did it feel like when it was at its worst?

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What have you tried in the past to get rid of your condition and what were the results? (Over the counter or prescription medications, therapies, exercise, surgery, physicians, etc.)

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Describe how this condition(s) might have affected you, your work, family, social life, and your hobbies/exercises.

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Who referred you or how did you find out about our office?

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What results have you had? How has chiropractic changed or improved your life?

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Describe your impression of chiropractic care, Dr. Masud, and our team. Please include any candid comments regarding Dr. Masud, our team, your results, and what you would like to tell others.

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I hereby give my permission to Dr. Masud to use my testimony to promote the expansion of chiropractic. It is my understanding that my testimonial will be used to encourage others with health problems to choose chiropractic care.

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Signature of Patient

*Thank you for helping to change the lives of others in our community*