

Testimonial Questionnaire

Please list any/all reasons you chose chiropractic and/or our office. I originally came to Active Chiropractic because _____

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

Did you get the results you were hoping for from your chiropractic care? _____

Did you get more than you were expecting? If so, what other benefits have you noticed? _____

What kind of care did you choose, Relief / Corrective / Wellness? And why? _____

How long have you been a client? _____

Do you plan to or are you maintaining your new found health with continuing wellness care? _____

Prior to coming into our office, how did you view chiropractic and did you have any concerns regarding it? _____

If you had concerns regarding chiropractic, what have you learned that has put them to rest? _____

Since being a client how has your understanding of chiropractic and your health changed? _____

How do you think your life would be different if you hadn't considered chiropractic care? _____

What do you like most about our office? _____

Are other members of your family under care? Why/why not? _____

My signature below will give permission to Active Chiropractic to use any or all the facts in this questionnaire in any way they see fit.

Client's Signature