

Chiropractic Success Story

Please fill in the questions below, print, sign and fax to
April Neill, Director of Public Relations at 630-468-1835



Name: _____ Date: _____ Clinic: _____

Email: _____ Contact Phone #: _____ Doctor: _____

Reason for starting Chiropractic care? _____

What was it like at its worst and how did it affect your life?

Previous attitude or experience with chiropractic?

Past treatments and results:

What progress have you made since beginning Chiropractic care?

What side benefits have your experience and how has this affected your life?

I was referred to this office by: _____

Additional comments about our office and the care you have received?

I give Chiro One permission to use this testimonial and my photograph to promote the benefits of Chiropractic care.

Reset Form

Print Form

Signature