

WOODWARD CHIROPRACTIC--TESTIMONIAL

We are excited about your progress and appreciate you taking time to share your experiences with others! Please mark any question that does not apply with a 'N/A'.

Please describe your symptoms: _____

How long did you have them: _____ (yrs/ months?)

How often: _____ (i.e. 8 hours a day or 3-4 days a week, etc)

AT WOST:

How they affected your Work? _____

(i.e.: loss of productivity, concentration, days off work, relationships with clients/ co-workers, etc).

How they affected your Home / Social Life? _____

(i.e. irritability, quantity/ quality of time together, ability to perform house/yard work, sleep disruption etc).

How they affected your Hobbies? _____

(Describe activities you couldn't enjoy before or improvements you've noticed since treatments, etc).

QUALITY OF SERVICE:

Describe # of treatments before you *started* feeling better: _____

What is the most notable change in your quality of life/ lifestyle since receiving treatment?

What did you like about our office/ staff/ treatments? _____

(Describe service, convenience, professionalism, our explanation/ gentleness of treatments, etc).

If any, what concerns about chiropractic did you overcome? _____

Comments? _____

TESTIMONIAL & PHOTOGRAPH RELEASE

I hereby grant Dr. Jonathan Woodward, permission to use the attached testimonial and photograph for chiropractic promotion, advertising and/or marketing purposes.

I further grant to Dr Jonathan Woodward, the right to quote, paraphrase or edit the format, layout, and spelling of the attached materials. I understand and agree that I am participating in this project with no monetary compensation or royalties connected to this project.

Signature _____

Date of Signature _____

Print Name