

Polaris Family & Sport Chiropractic



PATIENT TESTIMONY

1. In your own words, describe your pain or type of problem upon first entering the office.

2. Length and severity of illness. _____

3. Past treatments for illness and progress you received from them. _____

4. What progress have you made since your chiropractic treatments? _____

5. Things that are easier since starting care:

walking working sitting standing recreation concentration

lifting bending driving sleeping relationships personal care

6. Rate your improvement (0% - same, 100% - resolved) _____

7. How do you feel we can help you more? _____

8. How were you referred to our office? _____

9. Additional comments: _____

May we use this sheet to display in our reception room
so that others may know the benefits of chiropractic?

Yes

No

Signed _____ Date _____