



**Gonstead Family Chiropractic**  
**My Chiropractic Testimony**

Thank you for taking the time to share how Gonstead Chiropractic has helped you. Telling your story is an important part of spreading the word about what Chiropractic can do. There are millions of people living without the benefit of Chiropractic care, suffering with symptoms and not experiencing health to their fullest potential. Thank you again for helping us spread the word. Here are a few questions to get you started:

- Name and Age
- How did you hear about our office? (Was it from a friend, phone book, etc.)
- What was your initial impression of our office? How has your overall experience been in our office?
- What were your symptoms before starting under Gonstead Chiropractic care? (How did they start, how long did you have them, what limitations did they put on your life, etc.)
- How has your quality of life changed since being under care? What kinds of activities are you able to do now that you couldn't or were very difficult before?
- Would you recommend Gonstead Chiropractic to a friend or family?

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Please sign and attach this form to your testimony!

I give permission for Gonstead Family Chiropractic to use my first name only connected to my testimony.

or,

I prefer that a different first name be used to further protect my privacy

I give consent for Gonstead Family Chiropractic to use my testimony at their on their website or in a healthcare class. I understand that my full name will never be used in connection with the testimony and my privacy will be protected.

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Print name

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Signature

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Date