

What Our Patients Are Saying...

Your Photo
Here
(if you like)

Name: _____

Illness or Type of Disability _____

Length of Illness and Severity _____

Past Treatments For Illness And Progress You Received From Them _____

What Progress Have You Made Since You Started Chiropractic Treatments? _____

How Were You Referred To Our Office? _____

How Likely Will You Be To Refer Dr. Swanson To Family, Friends, And Or Colleagues?

Very Likely _____ Likely _____ Not Likely _____ Don't Know _____

Additional Comments _____

May we use this sheet so that others may know about the benefits of chiropractic care?

You may use: * In a newsletter Yes___ No___ * Post in Office Yes___ No___ * Use in public Yes___ No___