

PATIENT TESTIMONIAL

Congratulations! Our team commend you on your commitment to your health and would love to give others the opportunity to read about the amazing life changes you can achieve with dedication, commitment and a positive attitude just like you! Please complete the following questions.

Name:

Please list how you heard or found out about us or who referred you to this Chiropractic Centre.

Please describe previous treatments you may have undertaken (beneficial or detrimental) to your health and how you have been educated regarding chiropractic care whilst being a patient at this wellness centre.

In your own words please state what you think of chiropractic care and what it involved for you (following recommendations etc.) and how you feel as a result.

Before commencing chiropractic care did your condition interfere with your usual activities of daily living or limit you in any way.

Please list any advice or encouragement you can give to all patients that come to the clinic and others who may be considering chiropractic care or need to know what it involves.
