

Adams Chiropractic Inc. P.S.
www.drkurtadams.com
Testimonial Form

What was your original complaint or health problem? "I used to have..."

How long did you have the problem and did you try anything to fix it?

How bad was it (at its worst)? "On a scale of 1-10, mine was 34!"

How did it affect your life? What did it stop you from doing? "I couldn't..."

What other aspects of your health have improved? "I no longer have allergies!"

What is your wellness plan? "I typically come in once a month for maintenance care."

I give permission for Adams Chiropractic to use, edit, and paraphrase any of the information submitted with this testimonial form for promotional purposes.

First Name

Last Name

Date

Age

Email