



## PATIENT TESTIMONIAL

Disclaimer: *(In an effort to maintain confidentiality, only your initials will be used to identify your testimonial unless otherwise indicated)*

Why did you initially seek Chiropractic health care services?

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Please list any other additional symptoms which have also been helped with Chiropractic?

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Have you seen anyone else for this condition which was not helpful? If so, how much money have you spent trying to correct this problem?

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Explain how Chiropractic has helped you? Has the quality of your life also improved? If so, what activities (*work, recreational, etc.*) or lifestyle changes are you able to perform now that you could not prior to receiving Chiropractic care?

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PO Box 1786  
Bemidji, MN 56601  
Dr. Jason W. Dixon  
(218)444-8540  
[www.northernmnchiro.com](http://www.northernmnchiro.com)