

Name: \_\_\_\_\_ age: \_\_\_\_\_

e-mail address: \_\_\_\_\_

I authorize Castellucci Chiropractic Center to use my testimony

*Signed:* \_\_\_\_\_

Here are some questions to reflect on:

*How has chiropractic helped me?*

*What can I do that I could not do before?*

*What have I learned about lifetime wellness?*

*How has my health improved?*

*How has chiropractic affected my family?*

*How has chiropractic affected my life?*

*What else are you doing for your health?*

*How long have you been under chiropractic care?*

\_\_\_\_\_  
Write your story here (feel free to use the back of this form):