

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):