



Testimonial Questionnaire

I, _____, hereby give permission to

Print Patient Name

Sunset Hills Family Chiropractic (SHFC) to use my patient testimonial in any of their marketing materials including, but not limited to, in office testimonial boards, the SHFC website, monthly newsletters or any form of online and printed communications, in perpetuity worldwide.

Patient Signature: _____ Date: ____/____/____

Tell us why you started your chiropractic journey:

What has changed since you started care?

What do you love most about SHFC?

How would you encourage someone new to chiropractic to take this journey for themselves?

Anything else you want us to know?



♥ *Please return this form to the front desk. You may email a high quality photo of yourself in J-peg format to sunsethillschiropractic1@gmail.com. This photo will accompany your inspirational chiropractic story. It is an honor to serve you.* ♥