

# ★ Testimonial Questionnaire ★

I, \_\_\_\_\_, hereby give permission to

Print Patient Name

**NCWC** to use my patient testimonial in any of their marketing materials including, but not limited to, in-office testimonial boards, the NCWC 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:**

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**What has changed since you started care?**

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**What do you love most about NCWC?**

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

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**Anything else you want us to know?**

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