

My Contribution To Changing The World from My Healing Experience

We want to give you this opportunity to help others learn how holistic care can help them. Many people like you could have been helped sooner if only they had known about the results that they could achieve through holistic chiropractic care.

Many of them have lost hope. Our intention is that by unselfishly sharing results, someone reading your success story will regain the hope that they can achieve the health and quality of life that they have lost.

My transformational healing story as told by: _____

1. When did you first consult our office? _____

2. Who cared about you enough to have referred you to our office? _____

3. Describe the condition for which you consulted Dr. Mariano, including:

a. Your health concern or life transformation (elevating the quality of personal relationships, finances, career, etc.) _____

b. Symptoms: _____

c. Location of pain: _____

d. Duration: _____

e. Severity: _____

f. Desired health goal: _____

4. Describe treatment and results from previous chiropractic, orthopedic, neurological, medical or other care: _____

5. How was your condition limiting your life: _____

6. List what over the counter drugs and/or medications you were taking: _____

a. Did you fear addiction: Yes No

7. Did you have any doubts or reservations that chiropractic would help you: Yes No

a. If yes what were those doubts: _____

8. What were your first impressions of:

a. This office: _____

b. Dr. Mariano and the office team: _____

9: What recommendations were made by Dr. Mariano: _____

10. Tell us about the results you have achieved since beginning holistic care with us. Besides your primary concern, what other positive changes have you noticed: _____

11. How do you understand Holistic Chiropractic Care can help you to achieve your Optimal Health in the absence of symptoms: _____

12. Is anyone else in your family under Chiropractic Care: _____
a. If so, for what conditions and concerns: _____
b. How has this care helped them: _____

13. What would you recommend to others who are sick, suffering, in pain or want a transformed life: _____

14. How many others have you told about your experience with Holistic Chiropractic Care:
a. Family Members: _____
 Spouse: _____
 Children: _____
 Other relatives: _____
b. Friends: _____
c. Co-Workers: _____

15. What are you looking forward to now that you have regained your health and are enjoying the benefits of Holistic Chiropractic Care: _____

16. Additional comments: _____

I hereby give my permission for all or any part of the above statements to be reproduced with or without my name, or photograph, video and to be used in the interest of empowering others about the benefits of Holistic Chiropractic Care.

Signature

Date