



Improvement Report

1. How would you describe your life/condition before coming to see us?

2. How would you describe your life/condition now?

This information is for our file and will be used to help educate other prospective Chiropractic patients on how we may be able to help them.

Name

Date

I authorize West Maple Chiropractic & Wellness to use my Improvement Report in the following manner(s).

- Success Story Book that remains in our office at all times.
- In the testimonials section of our website (westmaplechiro.com)
- On any promotional mailings on the behalf of our office.

Signature

Date