

Today's date: 1/22/07

# Patient Testimonial

Date of initial visit: Sept. 21, 06

What conditions did you have when you entered our office? Neck + head aches - shoulder pain and limited use of my right arm and hand - limited sleep

What length of time had you been experiencing these problems? over a year

List the medications you have tried to relieve your symptoms: -

What types of medical treatment have you had for these conditions? Therapy and cortison shots

How many different doctors and specialists had you seen? 3

Did the medical approach solve the problem you were having?  No [ ] Yes

What changes have you noticed since starting care in this office? I have no neck pain, I haven't had a headache since October and I have no pain in my shoulder and have about 80% range of motion I also now sleep through the night

How did you hear of our office? from a friend

What else would you like to share with those who will read this? My Chiropractic care has not only eased the pain but has greatly enhanced the quality of my life - I sleep well and am able to enjoy grilling again!

What have you learned about Chiropractic since beginning care? That health is more than a state of mind

**THANK YOU FOR BEING A WONDERFUL PATIENT!!**

Signature: Karen Becker Printed Name: KAREN BECKER