

# Wanted- Your Chiropractic Success Story

We would love to hear how chiropractic care has impacted your health and your life. A brief story written or typed would be appreciated or you may simply fill out the questionnaire below.

Your Name: Connie Hansen  
Child's Name (if applicable): \_\_\_\_\_ Age: \_\_\_\_\_

The reason you or your child began Chiropractic care: neck pain, back pain

Length of condition(s), severity and effect this had upon your family: only a few days before I began treatment. Very severe pain. It "took over" my life.

Past treatments, medications and effects: Physical therapy, (effective) nicodin, flexeril, adhil, allve

How your life or your child's life/health has improved with Chiropractic care: Much less pain. Unable to function normally, resume exercise & better sleep, lower BP.

This information is accurate to the best of my knowledge. I give you permission to share my story with others in order to positively change their lives also!

Signature: Connie Hansen Date: 10.15.10

