

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: Jennifer L. Hollar
Child's Name (if applicable): _____ Age: 38

The reason you or your child began Chiropractic care: Fibromyalgia, interstitial cystitis, migraines, ^{trigeminal} no medications have really helped.
Recurring 4-6 weeks + becoming more frequent.

Length of condition(s), severity and effect this had upon your family: 25 years
my quality of life has decreased to the point I have applied for Social Security Disability.

Past treatments, medications and effects: physical therapy, pain medications, sleep aids, antidepressants. None of these treatments have improved my quality of life. Too many negative side effects with the medications.

How your life or your child's life/health has improved with Chiropractic care: I play with my daughter now, I sleep every night. I have been steadily removing medications. I smile more!

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: Jennifer Hollar Date: 12-15-06