

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: DeAsarae' Johnson
Child's Name (if applicable): NA Age: 17

The reason you or your child began Chiropractic care: Sharp, constant back pain.

Length of condition(s), severity and effect this had upon your family: Pain so bad, could barely walk, or even lay down without sharp pains.

Past treatments, medications and effects: NA

How your life or your child's life/health has improved with Chiropractic care: I am able to live my life pain free, and continue my dance career with no limits.

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: DeAsarae' Johnson Date: 4-14-11