

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: Karen Weston

Child's Name (if applicable): Charlie

Age: 8^{1/2}

The reason you or your child began chiropractic care: Charlie was ^{over} having extreme difficulty w/ bowel movement.

Length of condition(s), severity, and effect this had upon your family:

It started @ about 3 yrs old when he began potty training. It went on for about 4 mos.

Past treatments, medications and effects: We used mineral oil every day.

How your life or your child's life/health has improved with chiropractic care: After only one week, he was going every day. We now take all 4 children and we go too.

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: Karen Weston

Date: 7-8-05