

Thank you for taking the time to share your acupuncture success with others. By filling out this testimonial questionnaire, you may be helping someone you don't even know and helping to contribute to the health and healing of our community.

- 1. Please describe the health issue you were treated for? When did it begin? What was its cause? How severe was it? How long have you had it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2. Were you treated by any other healthcare practitioners such as an MD, Physical Therapist, Chiropractor, Massage Therapist or other Acupuncturist?  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2a. If so, What were your results with these other treatments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3. What results have you had with Ancient Wisdom Healing Arts (Jacob Wilcox, L.Ac.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4. Would you feel comfortable referring friends or family members to Ancient Wisdom Healing Arts (Jacob Wilcox, L.Ac.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 5. What is your overall level of satisfaction at Ancient Wisdom Healing Arts (Jacob Wilcox, L.Ac.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 6. May I use your story to inform other patients about the benefits of acupuncture? No names will be used, only gender and age.  
**Yes    No** (Please Circle)

I, \_\_\_\_\_, authorize Ancient Wisdom Healing Arts to use this testimonial, all or in part, for general public view in the clinic, website, newsletter, or any other manner.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you!