

POINTS NORTH ACUPUNCTURE TESTIMONIAL

Thank you for taking the time to help us help others! Sharing your experience will be of benefit to those seeking relief. A template has been provided, but you may write your own narrative if you prefer.

1. Approximately, when did you begin your care at Points North?

2. What was your reason for seeking acupuncture treatment (problems, symptoms, ailments)?

3. How long had you been dealing with the problems, symptoms, or ailments for which you sought acupuncture treatment?

4. How many other health care providers had you seen for this/these problem(s) and what treatments were tried?

5. To what extent was your normal life interrupted by this/these problems?

6. How many treatments did you receive, or how long did it take, for you to feel that your condition(s) was/were getting better?

7. What is your impression of the benefits that Sarah DeLaForest's treatments have given you and how has it helped?

I hereby give my permission to Sarah E. DeLaForest, LAc. of Points North Community Acupuncture to use my testimonial to promote her clinic. It is my understanding that my testimonial will encourage others with similar health issues to choose care at this clinic.

signature

date