

TESTIMONIAL FORM

ACUPUNCTURE, CHINESE HERBAL MEDICINE, ESSENTIAL OILS, BIOFEEDBACK, FUNCTIONAL MEDICINE (BLOOD/STOOL/SALIVA/OTHER TESTING)

We frequently work with people who have chronic stress, pain or other health concerns that know very little about holistic health care services for healing. Reading your testimonial provides information others may find helpful on their path to wellness.

Name: _____ Practitioner: _____ Date: _____

I received acupuncture, Chinese herbal medicine, essential oils, biofeedback, and/or functional medicine (stool/saliva/blood/other testing) (please circle all that apply) because I was experiencing _____

Description of health problem(s)

I had this issue for _____ years, months, weeks and it _____

Describe how it felt when it was at its worst: pain locations, intensity, or other symptoms

It also caused fatigue, difficulty sleeping, depression, irritability, hopelessness, _____

List any other associated symptoms

It made it difficult for me to _____

Describe any activity that was more difficult to do

I began to feel improvements in my condition: immediately, in a few days, in one week, in two weeks, _____

At this time my condition feels _____ % better.

Please list your symptoms and rate improvement _____

I would recommend: acupuncture, Chinese herbal medicine, essential oils, biofeedback, and/or functional medicine (stool/saliva/blood/other testing) (please circle all that apply)

Additional comments _____

I hereby give my permission to Isthmus Wellness to use my testimonial to promote the recognition of acupuncture and/or Chinese herbal medicine. It is my understanding that my testimonial will be used to encourage others to try acupuncture and/or Chinese herbal medicine.

Signature

Please choose which you would like IAC to publish:

full name initials anonymous



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Enhance the Experience of Life™

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