

# McBride Healing Community Acupuncture

440 Union Place, Excelsior, MN ~ (952) 471-0711

## TESTIMONIAL RELEASE FORM

I hereby give my permission to McBride Healing Community Acupuncture to use my testimonial and/or picture to promote the recognition of Acupuncture. It is my understanding that my testimonial will be used to encourage others whose health problem or needs may be similar to mine, to choose Acupuncture.

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

Name (*print*):

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

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## Easy Testimonial Sheet

We frequently see people who have chronic pain or serious health problems that know very little about acupuncture. Often these people have tried everything they can think of to get better with no success. They may feel hopeless and depressed and commonly end up believing that nothing can help them. Reading testimonials from people like you who have had good results with our clinic can give these patients the confidence they need to get started on their path to healing.

My name is \_\_\_\_\_ . I came to McBride Healing in

\_\_\_\_\_, \_\_\_\_\_ because I was suffering from \_\_\_\_\_  
month                      year                      Description of health problem(s)

I had this problem for \_\_\_\_\_  years,  months,  weeks. \_\_\_\_\_

This problem \_\_\_\_\_  
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,

embarrassment, \_\_\_\_\_  
List any other associated symptoms

\_\_\_\_\_ and

made it difficult for me to \_\_\_\_\_  
describe any activity that was more difficult to do

I tried medications such as \_\_\_\_\_,

surgery,  physical therapy,  chiropractic,  other \_\_\_\_\_

to resolve this problem with results like: \_\_\_\_\_  
describe your experience with these treatments

I began to feel  some or  significant improvements in my condition after (#) \_\_\_\_\_  
treatment(s) \_\_\_\_\_.

At this point in time my condition feels \_\_\_\_\_% better. I now feel \_\_\_\_\_  
\_\_\_\_\_ and I am able to

I have also had significant improvement in other symptoms like: \_\_\_\_\_  
\_\_\_\_\_

During the treatments I felt \_\_\_\_\_  
\_\_\_\_\_

The clinic is \_\_\_\_\_ and the staff is \_\_\_\_\_.

I would recommend acupuncture to: \_\_\_\_\_ because  
\_\_\_\_\_

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_