

Improvement Report

Regarding Your Improvement:

1. What was it like before you came in to see us?

2. How is it now?

This information is for our files and to help us educate others about what we do.

Name Date

I authorize Back to Health to utilize my Success/Improvement Report in the following manner:

- Success Story Book that remains in our office at all times.
- Any promotional mailing by Back to Health to help Back to Health make its' Services broadly known.

Sign: -----

Witness:-----