



Improvement Report

Regarding Your Improvement:

1. What was it like before you came into 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 Wholistic Wellness Clinic, P.C. 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 Wholistic Wellness Clinic, P.C to help Wholistic Wellness Clinic, P.C make its services broadly known.

Sign: _____

Witness: _____