

## How was your experience?

We love to hear about your positive experiences at Janis Krause Acupuncture.

Please use this testimonial form as a tool to help share your thoughts/experiences.

Thank you!

1. What was your main reason that brought you into our clinic eg. Pain, injury, discomfort?

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2. How did you find us?

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3. Has the treatment you received relieved you of this issue / discomfort?

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4. What did you like about your experience with us? Would you refer friends, family or co-workers?

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5. Were you surprised by any part of your experience, treatment approach, or results you have received?

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6. What are the most important things people should know about our treatment style and office/clinic?

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7. Do you see any area that needs improvement?

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8. Any other thoughts, suggestions or comments?

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With your permission, we'd like to make this visible on our website and other social accounts to let others know about Janis Krause Acupuncture and the healing power of acupuncture, TCM and BodyTalk.

I, \_\_\_\_\_ (patient), give authorization to Janis Krause Acupuncture to use all or parts of my answers as a testimonial and/or photograph(s), and video recording(s) for advertising, marketing, and/or promotional activities. I also acknowledge that I am not being compensated for this testimonial either through monetary or monetary-equivalents. All identifying information will be strictly confidential.

Name: \_\_\_\_\_

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

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

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Testimonial Release