**Patient Testimonial Template**

**Patient Name: Age:**

**Can we use your photo, name and PT diagnosis on social media?**

Photo YES / NO

Name YES / NO

Diagnosis YES / NO

**What symptoms did you have and for how long did you have them prior to seeing us?**

**What else had you tried before seeing us?**

**How quickly did you start to feel better?**

**What were your impressions of us?**

**What was the result / outcome of your treatment?**

**What would you say to someone else about us?**