

*We would like other people to know how much help they can receive at our office.  
Reading a write up of your experience will be very helpful in accomplishing this.*

Briefly describe why you sought treatment with Dr. Sherry:

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What symptoms or conditions did you have before coming to Dr. Sherry?

How long did you have it/them before you sought treatment at Dr. Sherry?

How was your life impacted? \_\_\_\_\_

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Check the treatment you received:      \_\_\_\_\_ Naturopathic Medicine  
\_\_\_\_\_ Constitutional Homeopathy      \_\_\_\_\_ Musculoskeletal Injection Treatment

Describe the outcome of the treatment you received:

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With your permission, may we share your success story on our website?    \_\_\_ Yes    No\_\_\_

Please check how you would like your information to appear

- \_\_\_ First and last name + City
- \_\_\_ First name only + City
- \_\_\_ Initials + City
- \_\_\_ City only
- \_\_\_ Anonymous

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date