

# How was your experience?

We love to hear about your positive experiences at Holistic Alternatives.  
Please use this testimonial form as a tool to help share your thoughts. Thank you!

1. What was the chief complaint that brought you into our clinic?

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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 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 the power and healing properties of Holistic Alternatives.

I, \_\_\_\_\_ (patient), give authorization to Holistic Alternatives to use all or parts of my answers as a testimonial and/or photograph(s), audio recording(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.

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Holistic Alternatives**  
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