

Patient Testimonial

By filling out this form, you are helping us help other members of our community.

1. What was your original complaint?
2. How long had you had the problem and had you tried anything to fix it?
3. How did it affect you? What did it stop you from doing?
4. Why did you choose Gulledge Family Wellness?
5. What was your experience like at Gulledge Family Wellness?
6. How are you doing now?
7. Have any other aspects of your health or well being improved? ie digestion, sleep, energy, etc
8. Anything else?

Thank you for helping us get the word out about the wonders of Chiropractic and the natural healing power of the body!
You are helping us in our mission to make our community a healthier, happier place.