



Pain & Brain Healing Center, LLC

Dr. G. Fors, DC

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Friend us now at Facebook: Pain and Brain Healing Center. Also, follow us on Twitter.

Clinic and Care Review Form:

Possibly you found your way to the Pain & Brain Healing Center because someone told you about the very special type of care Dr. Fors provides here. Or possibly you read a review, it is always easier to try a new doctor once heard about someone else's experience. Therefore, we would be honored to have you share your experience here at our clinic. Just fill in the blanks or write you own review on the back. Your name or child's name will not be published without your permission, see bottom.

When I first called the clinic the staff was very (warm, friendly, helpful, etc), _____

On my first visit I found the office to be (professional, comfortable, kid friendly, etc), _____

- I was suffering with (pain, fatigue, mood issues, etc): OR
- My child was having problems with (behavior, ADHD, learning emotions, Autism, etc.):

The care I received from Dr. Fors was _____

I would highly recommend Dr. Fors and the Pain & Brain Healing Center to anyone: _____ Yes _____ No
Especially individuals or parents looking for help with _____

Signature: _____ **Date:** _____

- You have my permission to use my story to help others
 - You may type out my story and post it on the following:
 - Pain and Brain Healing Center.com
 - Post it on Dex Knows
 - Post it on Yellowpages.com
 - Post it on Google Maps

For my review you can use:

- My Picture and/or My full name: _____
- My first name and last initial *eg. Phoenix F.*: _____
- Identify my review as: _____

Signature: _____ **Date:** _____

Is there a friend or family member we could send information to (Brochures, Articles):

Name: _____ **Email:** _____

Or Address to Mail info to: _____

Telephone#: _____ **Condition of Interest:** _____
(Pain/Fatigue/Mood/Autism/ADHD)