

IMPROVEMENT REPORT

Regarding Your Improvement:

1. Why did you come to the Well of Life? How did you feel before you came in to see us?

2. How are you feeling since you have started to come to the Well?

Authorization for use

Client Name

Date

I authorize the Well of Life Center to utilize my success/improvement report in the following manner:

- Success story book that remains in our offices at all times.
- Success story on our website and/or Facebook page (your last name will not be used).
- Any promotional mailing by WOL to help make its services broadly known.

Sign: _____

Witness: _____