

Natural Health Center

"A Science Based Natural Healthcare Clinic"



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Improvement Report

Regarding your improvement:

1. What was it like before you came in to see us?

I was very tired and battled headaches that ranged from a ~~minor~~ slight annoyance to migraines that would put me in bed. I never knew when they were going to hit. After a migraine I would spend the next day exhausted.

2. How is it now?

Through allergy testing & a food diary it looks like one of my migraine triggers is mint. Since stopping my mint intake, I haven't had a migraine in several weeks. I'm sleeping better at night and have the energy to go to the gym. We're not through looking for triggers, but I have a hope that in the next few months I will have a "playbook" on what to avoid, so I can enjoy my life.

This information is for our records and to help us educate others about what we do.

Joy _____
Name

2/18/09 _____
Date

I authorize Natural Health Center to utilize my Success/Improvement Report in the following manner:

(Please check all that apply):

- Success Story Book that remains in our office at all times.
- Any educational program or promotion by Natural Health Center to help make its services broadly known.

Sign: Joy _____

Witness: [Signature] _____