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## **Patient Improvement Report**

1. What was it like before you came in to see us?	
2. How is it now?	
This information is for our records and to help us educate other	ers about what we do.
Name	Date
I authorize Natural Health Center to utilize my Success/Improvement (Please check all that apply):	Report in the following manner:
<ul> <li>Success Story Book that remains in our office at all times.</li> <li>Posted to 'Patient Stories' on Natural Health Center's website.</li> <li>Any educational program or promotion by Natural Health Center</li> </ul>	to help make its services broadly known.
Sign:	<del></del>