



# Success Stories (SS)

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**(940) 761-4045**

Today's Date	Client's Name (First/Last)	Birthdate (M/D/Y)	Age	Return Date for SS Form	Success Story (SS) Topic (One Topic Per SS Form)

Your success is our success, so thank you very much for sharing your Success Story with us and others. You may recall how you felt when you first came to us for help? Sharing your success story, with others, will give them the confidence and encouragement they need to allow us to help them as we have helped you.

Please complete one sheet for each success story. For example, if you have experienced success in memory and joint pain, please complete two Success Stories sheets, one for memory and one for joints. If you need more space, please use another Success Story Form and in the SS Topic Box Above, put Page 1 of 2, etc.

<b>SYMPTOM /ONSET DATE – What is the approximate month and year you first noticed this symptom and please describe this symptom before contacting Dr. Smith.</b>	<b>Onset Date (M/D/Y)</b>

**What had you tried before coming to A.C.N., give dates, and describe how much or how little it helped?**


<b>No. Days/Wks/Months</b>	<b>How many days/weeks/months did it take for you to see improvement following, Dr. Smith's advice, give dates, and describe the improvement you have experienced?</b>

**Is there anything significant (therapy, supplement, diet or lifestyle change/consultation) that you attribute to this improvement besides Dr. Smith's design of your clinical nutrition program to assist your body in healing itself?**


Dr. Donna F. Smith may use this information to share with others:  **Yes**  **No** (check one) **Note: Last Name Is Not Shared!**  
 I would be willing to be phoned or emailed by an individual with similar health concerns or goals.  **Yes**  **No** (check one)

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**YOUR SIGNATURE**

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