

**Order Form for S.T.R.C. Long Distance Recovery Course.**

NOTE: We offer a code letter with the applicable CPT codes to anyone considering enrollment in the U.S.; this has helped some obtain some insurance coverage. **PLEASE** do not request insurance coverage if you are on Medicare.

Price of the Course is \$500.00 **ADD POSTAGE AS FOLLOWS:**

\$15.00 for the U.S.

\$25.00 for Canada

\$40.00 for the rest of the world.

You may also order a copy of the Clinic Cookbook.

\_\_\_\_ I am ordering one S.T.R.C Long Distance Course  
DVDs are in “all region” format, suitable everywhere.

I would also like to order \_\_\_\_\_ copy (s) of the Clinic cookbook,  
**Come & Dine** at \$25.00 each plus \$5.00 postage, for a total of  
\$30.00 each.

Name \_\_\_\_\_

Postal  
address \_\_\_\_\_

State Zip \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_

Phone number:(\_\_\_\_\_) \_\_\_\_\_

**AGE:** \_\_\_\_\_ Male or female? \_\_\_\_\_

Do you live with someone who can help you with massages? \_\_\_\_\_

Spiritual Persuasion? \_\_\_\_\_

Weight \_\_\_\_\_ Height: \_\_\_\_\_

\_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Partnered \_\_\_\_ Widowed

## MEDICAL HISTORY

Does your head turn to the right or left? \_\_\_\_\_

Do you have Anterocollis? (head forward) \_\_\_\_\_ OR Retrocollis?  
(head back) \_\_\_\_\_

How and when you developed ST? \_\_\_\_\_

Do you have vertebrae out of place? \_\_\_\_\_

Scoliosis (spinal curvature) ? \_\_\_\_\_

Did an accident precede onset of ST.? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you currently ill with any other disease? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are you under severe stress? If yes, explain why: \_\_\_\_\_

Do you have problems physically while: \_\_\_\_\_ standing  
\_\_\_\_\_ speaking \_\_\_\_\_ driving \_\_\_\_\_ eating \_\_\_\_\_ lying  
down \_\_\_\_\_ walking \_\_\_\_\_ sitting \_\_\_\_\_ all of the above

Do you experience tremors? \_\_\_\_\_ Where? \_\_\_\_\_

Pain? \_\_\_\_\_ Where? \_\_\_\_\_

Is the pain: \_\_\_\_\_ mild \_\_\_\_\_ moderate \_\_\_\_\_ severe

Have you had Botox? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, have you experienced adverse reactions? \_\_\_\_\_

If yes, have you experienced relief? \_\_\_\_\_

Are you currently on Botox? \_\_\_\_\_

Date of last injections: \_\_\_\_\_

What other medical/non-medical treatments have you had?

Have these treatments made you worse? \_\_\_\_\_

If yes, explain \_\_\_\_\_

List any prescription drugs: \_\_\_\_\_

Are you using medical Cannabis (Marijuana)? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_ Has it helped relieve symptoms? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If female, are you on Hormone Replacement Therapy (HRT)?

\_\_\_\_\_

\* Have you had surgery to correct your S.T.? \_\_\_\_\_  
If yes, explain and include dates:

\_\_\_\_\_

\_\_\_\_\_

Have you had any other recent surgery? \_\_\_\_\_  
If yes, explain and include dates:

\_\_\_\_\_

Do you smoke? \_\_\_\_\_ Drink alcohol ? \_\_\_\_\_ Eat sweets? \_\_\_\_\_  
Are you involved in a sports program? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is your bed: \_\_\_ hard \_\_\_ soft \_\_\_ medium \_\_\_  
\_\_\_ waterbed \_\_\_ airbed \_\_\_ tempurpedic

Do you use a pillow? \_\_\_\_\_ Is the pillow:  
\_\_\_ Feather \_\_\_ Foam/Fiber \_\_\_ Contour \_\_\_ Buckwheat

Do you sleep: \_\_\_ on your back \_\_\_ on your stomach  
\_\_\_ on your side: which side? \_\_\_\_\_ all the above

Do you have any of the following:  
\_\_\_ diabetes \_\_\_ fainting spells \_\_\_ hypoglycemia  
\_\_\_ dizziness \_\_\_ arthritis \_\_\_ high \_\_\_ low blood pressure  
\_\_\_ HIV positive \_\_\_ glaucoma \_\_\_ Other

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU  
IN ORDER TO HELP YOU INTO RECOVERY?

\_\_\_\_\_

\_\_\_\_\_

\* If you have had corrective surgery, we will send you a Personal Release Form, required for enrollment.

We look forward to having you as part of our S.T.R.C. family!!  
Abbie Brown, Director S.T.R.C., Inc.