

## **S.T.R.C. 2-Day IN HOUSE APPLICATION**

Enclosed you will find an Application, Medical History form and Policy Sheet. Please fill out all forms and mail with your fee in check or money order made out to "S.T.R.C., Inc." to:

Abigail Brown, Director, S.T.R.C., Inc.  
1335 Paseo del Pueblo Sur #259  
Taos, NM 87571

OR: pay by credit card through PayPal (you do not need to be a member). PayPal now offers an interest-free plan for 6 months. Our email for Paypal is [stclinic.info@gmail.com](mailto:stclinic.info@gmail.com)  
Your application may also be emailed or faxed in.

## **S.T.R.C. 2-Day IN HOUSE PROGRAM (Wednesday & Thursday)**

The fee is \$1,100.00. Your check will not be cashed until a few days prior to your clinic. Any amount offered above the fee is fully tax deductible, greatly appreciated, and a receipt will be emailed to you. Donations allow us to offer occasional scholarships to needy clients. Thank you!

**Please note:** This clinic is for those who are willing and committed to do the program daily for probably a year or more to achieve recovery and then regularly for the rest of your life to maintain recovery. Exercise, a sensible diet and a close relationship with God are all good for you; what do you have to lose? Are you a fighter? You will need to be, because the program will be effective only if you are determined and consistent. Because your muscles have been in spasm and your body misaligned for some time, you will likely experience an increase in stiffness and spasms when you begin your program, as your body reacts to the exercises. This is normal and may last awhile. It is vital to "tough out" this period of time and to exercise gently through the discomfort until you begin to come into your recovery. It could take you a year or two to get into recovery mode, but where will you be in a year or two if you don't do the program? You are encouraged to continue working with your doctors. This program is compatible with the use of Botox if you are on that treatment.

Please return all forms and keep the Policy Sheet for your records. Remember, you will be responsible for making your own motel/hotel reservations and the cost of all room and board with the exception of luncheon meals Wednesday and Thursday. Car rentals and Public Shuttle service is available from Albuquerque Airport to your hotel/motel in Taos. Call for shuttle reservations and times: 1-800-776-1111. A map to the clinic and hotel/motel list will be included with your Visitor's Guide, which will be emailed to you upon acceptance to the clinic. I look forward to hearing from you and working with you.

Sincerely, Abigail Brown, Director S.T.R.C., Inc.

Spasmodic Torticollis Recovery Clinic, Inc.

(Mail only) 1335 Paseo del Pueblo Sur #259 Taos, NM 87571

Phone: (575) 737-1144 Fax (575) 737-1172

EMAIL: [stclinic.info@gmail.com](mailto:stclinic.info@gmail.com)

WEB: [www.stclinic.com](http://www.stclinic.com)

**REGISTRATION - APPLICATION** Date: \_\_\_\_\_

This form must be completed, signed and mailed in at least two weeks prior to desired date of entry into the program. MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: Home ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HOW DID YOU HEAR ABOUT S.T.R.C.? \_\_\_\_\_

MARITAL STATUS: \_\_\_ married \_\_\_ single \_\_\_ divorced \_\_\_ separated \_\_\_ widowed \_\_\_ partnered

# OF CHILDREN UNDER YOUR CARE AT HOME? \_\_\_\_\_ ages? \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ WHERE? \_\_\_\_\_

NATURE OF WORK? (i.e. do you sit, stand? Is it physically and/or emotionally stressful?) \_\_\_\_\_

SPOUSE'S FIRST NAME \_\_\_\_\_

Will your spouse or relative be sitting in on your clinic week and joining us for lunch each day? \_\_\_\_\_ If so, any dietary restrictions? \_\_\_\_\_

WHAT IS YOUR SPIRITUAL PERSUASION? \_\_\_\_\_

Are you willing to commit yourself to a 2 day program here in Santa Fe, New Mexico, abide by S.T.R.C. policies while here and dedicate yourself without compromise, as much as is possible, to following the program on your own at home over a long-range period of time? \_\_\_\_\_

WHAT WEEK ARE YOU INTERESTED IN COMING? \_\_\_\_\_

SECOND CHOICE? \_\_\_\_\_

**(You will choose a Wednesday & Thursday)**

The program is 4 part:

- \* Exercise (non-aerobic)
- \* Famous S.T.R.C. Backrub & trigger point work
- \* Nutrition principles
- \* Attitudinal work with applied scriptural principles

You will be responsible for making your own airport or Amtrak shuttle and hotel/motel arrangements; all transportation to and from your hotel/motel will be provided if needed. Once this application has been accepted, you will be sent a confirmation of acceptance and an Santa Fe Visitor's Guide which includes maps, hotel listings, airport shuttle schedules, galleries, restaurants, etc.

Would you be willing to have your reports of ongoing improvement and your before and after photos and testimonial shared with others as a form of encouragement and hope? \_\_\_\_\_

It is required that you also fill out and return with your application the enclosed medical questionnaire. All information is, of course, strictly confidential.

**I am enclosing my fee of \$1,100.00** to cover the cost of the goods and services I will receive at S.T.R.C. Please make your check or money order payable to "S.T.R.C.,Inc." and enclose with your application. Your check will not be cashed until a few days prior to your clinic week, and you may cancel your plans with full refund any time up until the first day your program is scheduled to begin. After that date, there will be no refund. **We also accept credit cards:** we will send you an invoice from PayPal requesting payment . You do not need to be a member of PayPal. You will fill out your credit card information, and we will receive a confirmation of payment received. You must have a working email to pay by credit card but do not need to be a PayPal member. This is a safe and secure way to pay the fee.

Please have PayPal email me an invoice (if paying by credit card)

**MEDICAL HISTORY**

NAME \_\_\_\_\_

DOES YOUR HEAD TURN TO THE RIGHT OR LEFT? \_\_\_\_\_

DO YOU HAVE ANTEROCOLLIS? (head forward) \_\_\_\_\_ OR RETROCOLLIS? (head back) \_\_\_\_\_

HOW AND WHEN YOU DEVELOPED S.T. \_\_\_\_\_

HAVE YOU HAD A MEDICAL DIAGNOSIS? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE VERTEBRAE OUT OF PLACE? \_\_\_\_\_ SCOLIOSIS (spinal curvature)? \_\_\_\_\_

DID AN ACCIDENT OR SERIOUS ILLNESS PRECEDE THE ONSET OF S.T.?  YES  NO

If yes, please

explain: \_\_\_\_\_

ARE YOU CURRENTLY ILL WITH ANY OTHER DISEASE?  YES  NO

If yes,

explain \_\_\_\_\_

ARE YOU UNDER SEVERE STRESS?  YES  NO If yes, explain why: \_\_\_\_\_

DO YOU EXPERIENCE PROBLEMS PHYSICALLY WHILE:

\_\_\_\_\_ standing \_\_\_\_\_ speaking \_\_\_\_\_ driving \_\_\_\_\_ eating \_\_\_\_\_ lying down

\_\_\_\_\_ walking \_\_\_\_\_ sitting \_\_\_\_\_ all of the above

DO YOU EXPERIENCE TREMORS? \_\_\_\_\_ WHERE? \_\_\_\_\_

DO YOU HAVE PAIN? \_\_\_\_\_ WHERE? \_\_\_\_\_

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

HAVE YOU HAD ANY BOTOX INJECTIONS FOR YOUR S.T.?  YES  NO

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

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

ARE YOU CURRENTLY "ON" BOTOX? \_\_\_\_\_ Date of last injection \_\_\_\_\_

**Note:** if on Botox, it is best to have had your last injection at least 2 weeks prior to your clinic or before.

WHAT OTHER MEDICAL, OR NON-MEDICAL TREATMENTS HAVE YOU HAD FOR S.T.? \_\_\_\_\_

HAVE THE TREATMENTS MADE YOU WORSE?  YES  NO

If yes,

explain: \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION DRUGS?  YES  NO

Which ones? \_\_\_\_\_

HAVE YOU HAD ANY RELIEF FROM THESE DRUGS?  YES  NO

ARE YOU USING MEDICAL CANNABIS (MARIJUANA)? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Have you experienced relief from your ST symptoms as a result? \_\_\_\_\_

IF FEMALE, ARE YOU ON HORMONE REPLACEMENT THERAPY (HRT) ? \_\_\_\_\_

\* HAVE YOU HAD SURGERY TO CORRECT YOUR S.T.?  YES  NO

If yes, explain and include dates: \_\_\_\_\_

HAVE YOU HAD ANY OTHER RECENT SURGERY?  YES  NO

If yes, explain and include dates: \_\_\_\_\_

DO YOU SMOKE? \_\_\_\_\_ DRINK ALCOHOL? \_\_\_\_\_ EAT SWEETS? \_\_\_\_\_

HAVE YOU SMOKED IN THE PAST? \_\_\_\_\_ If yes, explain for how long and when you quit. \_\_\_\_\_

ARE YOU INVOLVED IN A SPORTS PROGRAM? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

IS YOUR BED:  hard  soft  medium  waterbed  airbed  tempurpedic

Do you use a pillow?  YES  NO 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 SIT IN RECLINERS AND SOFT SOFAS? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE ANY OF THE FOLLOWING:

\_\_\_\_ diabetes \_\_\_\_\_ fainting spells \_\_\_\_\_ hypoglycemia \_\_\_\_\_ dizziness

\_\_\_\_ arthritis \_\_\_\_\_ high \_\_\_\_\_ low blood pressure \_\_\_\_\_ HIV positive \_\_\_\_\_ glaucoma

DO YOU HAVE ANY FOOD OR OTHER ALLERGIES? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes,

explain \_\_\_\_\_

ADDITIONAL COMMENTS ON YOUR HEALTH THAT MAY NOT HAVE BEEN COVERED (include any special dietary needs or food you can't or won't eat ) If vegetarian, do you eat fish? eggs? dairy?

If "no dairy" do you eat cheese? butter? This information is needed for meal planning.

\_\_\_\_\_  
\_\_\_\_\_

DO YOU LIKE MILDLY HOT SPICY FOODS? \_\_\_\_\_

(P.S. New Mexico's green chile is wonderful!!)

I have read, understand and accept the following: (this must be signed if you plan to attend S.T.R.C. - unless emailing information)

This is not a medical clinic. I am not medically trained, do not prescribe medication, nor administer medication and accept no responsibility for lack of physical improvement and/or injury in any client. I offer only suggestions based upon my own devastating experience with S.T., and my recovery through application of these principles to my own life. A client's progress or lack of it will depend solely upon his or her own commitment to and application of the principles laid down in the S.T.R.C. Program Guide.

Client's name (PRINTED) \_\_\_\_\_

Client's signature \_\_\_\_\_

Date: \_\_\_\_\_

\* **Note:** If you have had corrective surgery for your S.T., a written doctor's written release addressed to the clinic is required and **MUST** be sent before you arrive for your clinic week.



**Physical Clinic Location:**

## **Mailing Address:**

1335 Paseo del Pueblo Sur #259

Taos, NM 87571

Local Phone (575) 737-1144 Fax (575) 737-1172

EMAIL: [stclinic.info@gmail.com](mailto:stclinic.info@gmail.com)

WEB: [www.stclinic.com](http://www.stclinic.com)



## Confidentiality Agreement

Due to your access to confidential and copy-written information, as a client enrolled in the S.T.R.C. Recovery Program

We request that you sign the following Confidentiality Agreement:

Confidential information may include, but is not limited to, the following: exercises, massage, nutrition program, proprietary information, suppliers information, methods, plans, documents, data, drawings, manuals, reports, resources tools, and training materials.

In connection with being enrolled in S.T.R.C., I agree to the following:

I agree that I will not at any time, both during and after my enrollment in S.T.R.C., communicate nor disclose confidential information to any person, online posts/blogs, corporation, nor entity. I further recognize and agree that as an S.T.R.C. client, I may become aware of nonpublic information of a personal nature about employees or associates. I will not disclose any such information to any other person nor entity.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your cooperation!*

**S.T.R.C. Board and Director, Abbie Brown**

## **POLICY SHEET**

S.T.R.C., Inc. is a nonprofit, tax-exempt 501(C)(3) organization dedicated to helping victims of Spasmodic Torticollis overcome their symptoms and return to a normal life. This program can provide an ongoing recovery but not a cure. There is no known cure for S.T. You are asked to read and study all the printed material in your S.T.R.C. material that will be provided to you when you arrive. Even after you have committed the exercises to memory, you will need to review the exercises now and then to be sure you are doing them correctly.

Once you are scheduled for your Clinic, please bring:

1. An exercise outfit - something comfortable and tennis shoes or comfortable flats. This area is very casual. We are 7000 ft. up in the mountains, so in the winter it can be cold and snowy. Come prepared. Santa Fe is very casual regarding dress.
2. An umbrella in the summer months, though we get very little rain.
3. Heating pad and/or gel ice pack (for the motel if you get stiff or sore)

## **CURRICULUM**

### **WEDNESDAY**

9-9:40 Intake & Program Guide  
9:40-10:10 Habit Patterns  
10:10-11:15 Stretching Exercises  
11:15-noon Massage, Trigger Pt., Bodo, GuaSha

### **LUNCH at the Clinic**

1-1:30 Magnets & Self-help tools  
1:30-3:00 movies  
3:00-4:00 nutrition seminar - Lezlie

### **THURSDAY**

9:00-noon Stretching, Gym, Bodylastics

### **LUNCH at the Clinic**

1:00-2:15 Research  
2:15-3:00 Wrap Up  
3:10-4:15 massage (Linda)

**Please don't be early in the mornings. Thanks!**

Note: There is one old shy house cat, Purry Mason and a 3-legged 3 year old Basset Hound, Molly Braveheart who loves everyone. They are not allowed in clinic area. Keep this sheet for your records. I look forward to working with you and to rejoicing with you as you come into your recovery!