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. Add this to your total if using PayPal for the Course.

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**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.
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 and return 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 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