

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.

___ I am ordering one S.T.R.C Long Distance Course

You may also order a copy of the Clinic Cookbook.

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.

Clinic Mailing address: S.T.R.C., Inc. P.O. Box 86
Ranchos de Taos, NM 87557

PLEASE print dark and clearly. NO cursive. Thank you!

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: _____

I have taken # _____ Covid-19 vaccine shots. I have taken
_____ Covid-19 booster shots.

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 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