

**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

Along with your Guidebook:

I prefer the 2 DVDs OR

I prefer the same content on one thumb drive

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

**PLEASE print using black ink, block print, 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**