



### **Residential Ehlers-Danlos Syndrome (EDS) Program Application**

Specialized care for complex cases of hypermobility and connective tissue disorders

Thank you for your interest in our 14-week Residential EDS Program, designed for individuals living with Ehlers-Danlos Syndrome and related hypermobility spectrum disorders. This immersive program provides comprehensive, individualized care to help restore function, reduce pain, and improve quality of life.

Please complete the following brief application so our clinical team can evaluate your fit for the program.

- Full Name:
- Date of Birth:
- Phone:
- Email:
- Home City/State/Country:
  
- Primary Diagnosis (e.g., hEDS, vEDS, etc.):
- Date of Diagnosis (if applicable):
- Other Relevant Medical Conditions or Diagnoses:
  
- What are your current challenges related to EDS? (Briefly describe pain, mobility, fatigue, etc.):
- What are your goals for participating in this program?
- Have you previously undergone physical therapy, pain management, chiropractic, or other rehab treatments? (Yes/No)
  - If yes, please describe:
- Do you require assistance with daily activities or mobility support (e.g., mobility aids, caregiver support)? (Yes/No)
  - If yes, please explain:

Once submitted, our team will contact you within 5 business days to discuss your next steps. If you have immediate questions, please call us at 415.488.5372 Email this application to [info@musclejointclinic.com](mailto:info@musclejointclinic.com).