

**Full name:**

**Date of birth:**

**Occupation:**

**Phone number:**

**Email:**

(Please X)

|  |  |  |
| --- | --- | --- |
| In a relationship? | Divorced? | Single? |
| Children? | NO | YES - Natural or cesarean? |

**Do you have any chronic, ongoing pain that you deal with on a regular basis? Describe what activities cause this pain and/or make it worse?**

**Have you had any major surgeries, hospitalizations, accidents or injuries? Please specify what, when & do you believe you have physically and emotionally recovered from these events?**

**Have you in the past endured trauma? Please specify physical, emotional or other**

**Do you experience stress, anxiety, panic, fear or trauma in your life? Where and how does it manifest? What makes it worse?**

**How do you currently deal with stress in your life?**

**Have you practiced TRE® in the past, have you done any TRE® workshops or trainings?**

Do any of the following conditions currently affect you, or have in the last 5 years: (please X)

|  |  |
| --- | --- |
| Diabetes | Lack of Energy, ME or chronic fatigue |
| Cardiac circulatory problems | Fibromyalgia |
| High /Low blood pressure | Pelvic pain |
| Substance abuse | Pregnancy/giving birth |
| Moodiness | Pacemaker |
| Anorexia/bulimia | Anxiety |
| Sexual difficulties | Anger/rage |
| Substance abuse | Depression/Bi-polar diagnosis |
| ADD/ADHD | Sleep difficulties |
| Sprains/strains | PTSD |
| Fear/ terror | Suicidal thoughts |
| Psychiatric illness | Heart attack/stroke |
| Fertility issues | Back pain |
| Blood clots | Arthritis |
| Headaches | Low Libido |
| Osteoporosis | Seizures/epilepsy |
| Hypo or hyperglycemia | Cancer/tumors |

**Are there any other health concerns not mentioned above that are important to mention prior to performing the exercises?**

**Please state any medication that you take below:**

**Physical/health limitations:**

* Any operations in the last three months
* Irregular Blood Pressure (High or Low)
* Irregular Heart Conditions (Surgery, Pacemakers, Arrhythmia)
* Hypo or Hyperglycemia (medication)
* Pregnancy
* Epilepsy

**Please share details of any psychiatric conditions (for example, the following):**

\* Manic/Depressive \*Bi-polar Conditions \*Schizophrenia \*Severe/Clinical Depression

\* Psychosis \*Borderline

People with physical limitations such as old injuries, stiff ankles, sore knees or hips etc., who have not had an operation in the last three months, are welcome to do the exercises with caution, as each exercise can be adjusted/ modified to suit you.

**CONFIDENTIALITY CLAUSE:**

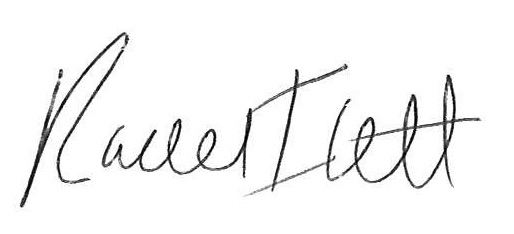
Everything discussed within the confines of the time of work together shall remain confidential and shall not be divulged to any third party by yourself or your provider. If participating in group work, no identifying material to be divulged outside of the group. Non-identifying case material may be discussed during the workshop.

**INDEMNITY:**

I undertake this treatment of my own accord and accordingly indemnify the provider from any harm, loss or damages of any nature, whether bodily harm, trauma or any other damages to my person or property resulting from the treatment, whether directly or indirectly.

I have read the above and confirm it to be true:

Signed Provider:



Signed Participant:

Date:

Notes: