



(303) 601-6016
jaymehartwig@gmail.com

MEDICAL HISTORY AND INDEMNITY FORM - TRE® All Clients

Before commencing a TRE® Session, Workshop or TRE® Training, we kindly ask you to fill this form, save it under 'yourname_TRE' and send it back.

NAME

ADDRESS

TOWN/PROVINCE

POSTAL CODE

PHONE

DATE OF BIRTH

EMAIL

Did you have any incidents, accidents or operations recently or longer ago?

Do you feel that you have recovered 100% or do you experience any limitations or pain ?

Are you currently taking chronic Meds of any kind?

Have you experienced high levels of stress or trauma in the past ? (physical/other)

Are you diagnosed with a chronic condition?



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Please describe briefly your expectation and reason for participating in this workshop/session:

Have you done TRE® before? If yes, did you try on your own or see a Provider and how many sessions approximately did you do? If no, how did you hear about TRE® ?

Do any of the following currently affect you, or have in the last 3 years ? (please type Y or leave blank)

Lack of energy

Anger

Pelvic pain

Diabetes

Lower back pain

Problems re. the reproductive system

Anxiety

Food intolerance

Low blood pressure

Unspecified undiagnosed pain

High blood pressure

Sexual Problems

Sleep difficulties

Depression

Cardiac problems

PTSD

Arthritis

Compulsions and phobias

Substance Abuse

Chronic fatigue

Headaches/ Migraines

BiPolar

Are there any other physical or emotional concerns not mentioned above that you think are important to mention ?



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PLEASE NOTE:

Out of an abundance of caution I will not be able to teach you TRE® if you are currently pregnant or are diagnosed with Epilepsy.

TEACHING THE TRE® EXERCISES:

You acknowledge and accept that you are not qualified to lead others through this exercise and that you will only use them for yourself. In case you are attending TRE® Provider Training, you acknowledge and accept to follow your trainer's advice in your application of the TRE® Exercises.

TRE® is not intended to diagnose, treat, cure or prevent any disease. Medical advice must only be obtained from a Physician or qualified health practitioner. Results may vary between individuals. There are no guarantees, expressed or implied.

CONFIDENTIALITY:

Everything discussed within the confines of the time of work together shall remain confidential and shall not be divulged to any third party by your TRE® Provider. If you are participating in group work, no identifying material to be divulged outside of the group. Non-identifying case material may be discussed during supervision with a designated supervisor and for exam purposes.

DISCLAIMER:

By saving and sending this form you confirm that you undertake this treatment of your own accord and accordingly indemnify the TRE® Provider from any harm, loss or damages of any nature, whether bodily harm, trauma or any other damages to your person or property resulting from the treatment, whether directly or indirectly. By completing, saving and sending this form back, you acknowledge having read it and confirm the content.

I teach TRE® in accordance with and under license of TRE® for All Inc. (USA) who holds all ® and copyrights on materials re: TRE®