



Sylvia Tillmann
Certified TRE® Provider

www.TREmendousTRE.co.uk

MEDICAL HISTORY AND INDEMNITY FORM - TRE® All CLIENTS

Before commencing a TRE® Session could you please fill in this form, save it and send it back at least 24 hours before your first session.

NAME	Date of Birth
TOWN	COUNTRY
PHONE (where I can contact you if internet connection fails during session – for online sessions only!)	EMAIL

Have you experienced 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 medication of any kind?	

<p>Have you experienced high levels of stress or trauma in the past (physical/other)?</p>	
<p>Have you been diagnosed with a chronic condition?</p>	
<p>Have you done TRE® before?</p> <p>If 'yes' did you try it on your own or see a TRE® Provider? And how many sessions approximately did you do?</p> <p>If 'no', how did you hear about TRE®?</p>	
<p>Do any of the following currently affect you, or have in the last 3 years?</p> <p>Lack of energy Pelvic pain Lower back pain Anxiety Low blood pressure High blood pressure Sleep difficulties Cardiac problems Arthritis Substance Abuse Headaches/ Migraines Anger Diabetes Problems re. the reproductive system Food intolerance Unspecified undiagnosed pain Sexual Problems Depression PTSD Compulsions and phobias Chronic fatigue Bipolar Pregnancy Epilepsy</p>	

Are there any other physical or emotional concerns not mentioned above that you think are important to mention?	
Please describe briefly your expectation and reason for participating in this workshop/session	

Please note:

Out 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 these exercises and that you will only use them for yourself.

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

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

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.

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 its content.

Date

Signature