

## TRE Assessment & Agreement Form

Signature \_\_\_\_\_ Today's date is     /     /

Name	
Address	
Email	
Mobile / phone	
DOB	

Please check the correct box for the following questions	Yes*	No
I have been treated for an injury in the last two years (includes complementary care and self-treatment)	<input type="checkbox"/>	<input type="checkbox"/>
I have been treated for a mental illness in the last two years (includes complementary care and self-treatment)	<input type="checkbox"/>	<input type="checkbox"/>
I have been diagnosed with epilepsy or a seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>
I have problems with balancing or mobility	<input type="checkbox"/>	<input type="checkbox"/>
I am pregnant	<input type="checkbox"/>	<input type="checkbox"/>

\*Please give details:

If you have answered yes to any of the above questions, please book a free 15 minute phone consultation with Liz Hart to evaluate your current suitability for this training. Thank you.

Please check each box to signal your agreement	Yes
I understand that TRE involves using some simple stretching exercises and inducing mild to vigorous involuntary shaking movements in parts or the whole of my body.	<input type="checkbox"/>
I understand that while practicing TRE I may have some emotional release. If I am uncomfortable with my experience of emotional release I should seek professional advice immediately regarding modifications to my practice.	<input type="checkbox"/>
I understand that I must take full responsibility for my own health and wellbeing while practicing TRE, and immediately discontinue any activity that causes pain or concern of any kind and seek professional advice.	<input type="checkbox"/>
I agree that if I have any injury or illness that may be affected by practicing TRE I will seek guidance from an appropriate health professional as to its suitability for me prior to commencing practice.	<input type="checkbox"/>