



## **TRE: Disclosure**

### **WHY THESE PERSONAL QUESTIONS?**

To get an impression of your situation, so we know if we are the right people to support you. *Tension Releasing Exercises* (TRE®) releases tension in your muscles and connective body tissue. Sometimes tension may be caused by something traumatic that happened to you, or by chronic stress you experienced. When we release the tension, we also release the related memory and emotions. When these are traumatic memories, it is imperative to insure this happens in a supportive and controlled manner. When guided well, people seldom experience unpleasant memories or strong emotions while releasing tension with TRE®. We are here to support you to release in a way that feels safe to you. Knowledge about your history will improve our ability to support you.

### **INDEMNITY**

TRE® is not intended to diagnose, treat, cure, or prevent any disease. TRE® is a safe and effective stress release technique for most people.

The TRE® process should not be used as a substitute for trauma recovery procedures of a medical or psychiatric/psychological nature. Individuals who have physical or psychological conditions that require strict regulation, a complex history of trauma or restricting physical or medical limitations should consult their medical professional prior to performing these exercises. Results may vary between individuals. There are no guarantees, expressed, or implied.

I undergo this treatment on my own accord and will accordingly indemnify the TRE 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.

### **CONFIDENTIALITY**

Everything discussed within the confines of our work together shall remain confidential and shall not be divulged to any third party with the exception of Child/ Adult protection concerns.

### **CONTRAINDICATIONS**

We do not recommend that you do TRE® if you:

- have physical limitations, such as broken bones and sprains, still under physician's care.
- have had recent surgeries and are still under physician's care.
- are pregnant. We have a TRE® Certification Trainer who has expertise in working with pregnant woman and she is developing research in the use of TRE® with this population.

**IMPORTANT:** If you have any of the following conditions, we advise that you only work with Certified TRE® Providers whose scope of practice includes experience in the treatment of these conditions: Manic/Depressive, Bipolar conditions, Schizophrenia, Severe depression, Psychosis, Borderline Personality Disorder.



## **TRE: Intake form**

*Please fill in this document to the best of your ability. All \* are required fields. This form will only be reviewed by your TRE practitioner. Knowledge about your history will improve our ability to support you.*

### **PERSONAL DETAILS**

First name\*

Surname\*

Date of Birth\*            /            /

Occupation

City\*

Country\*

Contact details\*

E-mail\*

### **EMERGENCY CONTACT**

Name\*

Contact details\*

Have you done TRE® before?\*

YES        NO

If yes, please describe your experience of TRE® (How long you have been practicing? Where and when you learned. How often you shake and any significant changes that have occurred);

What are you hoping will be different as a result of doing TRE®?



## **TRE: Health Check-up**

Do you or have you suffered from the following conditions: Heart conditions, irregular blood pressure, epilepsy, diabetes?\*

YES NO

If yes, please specify:

Are you currently affected by ongoing chronic pain?\*

YES NO

If yes, please specify:

Is your movement or physical ability restricted in any way?\*

YES NO

If yes, please specify:

Do you suffer from joints problems (Knees hips, ankles, neck, ...)?\*

YES NO

If yes, please specify:

Do you experience any sensory impairment (vision or hearing loss, balance issues, ...)?\*

YES NO

If yes, please specify:



Do you currently have any other medical conditions?\*

YES NO

If yes, please specify:

What medications (prescription or over the counter), vitamins, supplements or natural remedies do you take regularly?

Do you suffer from any of the following? if so, how often ?\*

	Daily	Weekly	Monthly	Hardly ever
Headaches / migraines				
Back, neck, shoulder pain				
Pelvic pain				
Knee pain				
Fibromyalgia				
Allergies				
Digestive issues				
Nausea				
Worry				
Anger				
Sadness				
Lack of energy				
Insomnia				
Irritability				
Depression				
Anxiety				
Panic attacks				



# The Calm Chameleon

www.calmchameleon.co.uk

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How would you rate your current stress level?\* 1= not at all stressed; 10 = very stressed


Are you currently receiving support, therapy or counselling for anxiety, depression, or any other mental health challenges?\*

YES NO

If yes, please specify:

Do you have any other concerns you would like to share before attending a TRE® session?

Do you have any questions about TRE® prior to our scheduled session?

Your Signature

X