ENEEGMA
UNLOCKED

TRE® Medical Form

TYPE OF SESSION (Please select the correct option with the letter **X**)

TRE® SOLO SESSION: _____

TRE® BUDDY SESSION: _____

TRE® GROUP SESSION: _____

Full Name:				
Date of Birth:				
Age:				
Email address:				
Telephone - Home:				
Cell:				
Work:				
Address:				
Gender:	Male		Female	
Occupation:				
Marital Status:				
Number of children				
Medical Practitioner & Contact Number:				
Medications & Reasons:				
Dosage:				
Length of time taken:				
Allergies:				
Emergency Contact Name:				
Emergency Contact Number:				

MEDICAL HISTORY

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.

Are you currently in a state to perform physical exercises / do you have permission from your doctor to perform physical fitness exercises? i.e. walking, stretching, fitness training etc

Have you had any surgeries, hospitalization, accidents or injuries? How long ago? Do you feel you have recovered from these events?

Have you experienced trauma e.g. Death, Accidents, Sexual/Physical/Emotional/Mental Abuse? Please list them. There will be no need to talk about these traumas.

1
2
3
4
5
6

Are you presently or have you ever been under psychiatric care? If yes, for what reason?

Do any of the following conditions currently affect you or have in the last 5 years? (Please mark the applicable conditions with the letter **X**)

Lack of energy		Substance abuse		Lower back pain	
ME		Moodiness		Arthritis	
Fibromyalgia		Worry		Headaches	
Pelvic pain		Anorexia/Bulimia		Osteoporosis	
Pregnancy		Sexual difficulties		Cancer/tumors	
Pacemaker		ADD/ADHD		Sprains/strains	
Anxiety		Multiple personality		Diabetes	
Anger/rage		Fear/terror		Hypo or Hyperglycemia	
Depression		Psychiatric illness		Seizures/epilepsy	
Sleep difficulties		Bi-polar diagnosis		Cardiac/circulatory problem	
PTSD		Blood clots		High blood pressure	
Suicidal thoughts		Heart attack/stroke		Low blood pressure	

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

Please state your reason for embarking on the TRE® process e.g. anxiety, pain, stress, muscle tension release, etc.

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 your TRE® facilitator/provider. If participating in group work, no identifying material to be divulged outside of the group.

CANCELLATION CLAUSE:

I agree to give a minimum of 24 hours (one business day) cancellation notice if my participation in a TRE® Session or Class is to be canceled or changed. Failure to do so will result in full payment of the missed session, without a credit. No cash refund policy. At Eneegma's discretion, a credit note (valid for 2 months) will be provided to the client in the event of a TRE® Session or Class cancellation within the 24 hour (one business day) notice period.

For TRE® Retreats, the standard cancellation period is 7 business days before the event. Deposits are non refundable. Each event will have a specific cancellation policy outlined at the time of booking.

Late arrival will result in reduction of TRE® session, class, retreat or workshop time while the full fee will apply.

Eneegma reserves the right to cancel an event, session or class due to low enrollment, inclement weather or other circumstances or reasons beyond our control which would make the event non-viable. If Eneegma cancels an event or session, we will do everything we reasonably can to let you know and registrants will be offered a full refund. Should circumstances arise that result in the postponement of an event, registrants will have the option to either receive a full refund or transfer registration to the same event at the new, future date.

INDEMNITY:

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

Only clients that are the legal age of 18 years or older are allowed to sign this medical form. Any participant that is younger than the age of 18 years must have this form signed by a legal guardian or parent and be accompanied by the same to each TRE® session, class or workshop.

TEACHING EXERCISES:

If I am not a Certified TRE® Provider, I acknowledge and accept that I am NOT qualified to lead others through these exercises and that I will only use them for myself.

I have read and understood the above and confirm it to be true.

Date Signed	Full Name	Signature
	Client:	
	Practitioner/Provider:	