



EMDR Consent Form

EMDR is an evidence-based practice that has been widely validated for the treatment of PTSD and trauma. It has been shown to be effective with other presenting issues and diagnoses including but not limited to: depression, anxiety, OCD, panic, complicated grief, chronic pain, nightmares, substance use, maladaptive patterns of behavior and performance anxiety.

I have been advised of the following:

- Unresolved memories and experiences may surface during EMDR reprocessing.
- Distressing memories, emotions, body sensations and thoughts may arise during EMDR therapy.
- Following your treatment session, processing may continue, and other dreams, memories and emotions may surface as you work through unresolved material.
- You may experience side effects following EMDR treatment. Symptoms may include: vivid dreams, feeling tired, difficulties concentrating follow session and experiencing a shift in emotions.
- It is important to plan self-care time following EMDR treatment and to be compassionate of one's process.
- It is important to give accurate feedback about what you experience during processing and to let whatever happens happen. Remember there is not right or wrong way to process. You are in control and can stop the process at any time.

By signing below, I consent to receiving EMDR treatment and I acknowledge that I understand the process.

Signature

Date