



Spokane Holistic  
Healing

## Spokane Holistic Healing Client Handout

### EMDR Information and Intake Form

#### EMDR Therapy: Client Information Handout

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**What Is EMDR Therapy?** Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based psychotherapy approach that helps people heal from distressing life experiences. It is especially effective for trauma, PTSD, anxiety, and more.

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**How Does EMDR Work?** EMDR helps the brain reprocess difficult memories using bilateral stimulation, such as:

- Guided eye movements
- Tapping (on hands or knees)
- Alternating sounds

While recalling a distressing memory, the stimulation helps reduce emotional intensity and change how the memory is stored.

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#### What Can EMDR Help With?

- PTSD and trauma
  - Anxiety and panic attacks
  - Depression
  - Grief and loss
  - Childhood abuse or neglect
  - Phobias
  - Performance anxiety
  - Eating Disorders
  - Self-esteem issues
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## What to Expect in EMDR Therapy

1. **History & Preparation:** You and your therapist identify areas to work on and learn coping strategies.
  2. **Target Identification:** Selecting specific memories, thoughts, or sensations to address.
  3. **Desensitization & Reprocessing:** Bilateral stimulation is used while focusing on the memory.
  4. **Installation:** Positive beliefs replace negative or distressing thoughts.
  5. **Closure:** Each session ends with grounding and calming techniques.
  6. **Reevaluation:** Progress is reviewed and new goals are set if needed.
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**Is EMDR Right for Me?** Many people benefit from EMDR. Your therapist will evaluate whether it's a good fit for your needs and tailor the treatment accordingly.

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## Things to Know

- EMDR may bring up strong emotions or sensations, but this is part of the healing process.
  - You are in control—you can pause or stop at any time.
  - All sessions are confidential, and you will provide informed consent before beginning.
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## EMDR Therapy Intake Form

**Client Information** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

**Referral Source (if any):** \_\_\_\_\_

**Presenting Concerns:** What brings you to therapy?  
\_\_\_\_\_

Have you experienced any of the following? (Check all that apply) ☐ Trauma or PTSD ☐  
Anxiety/Panic ☐ Depression ☐ Grief/Loss ☐ Abuse/Neglect ☐ Other:  
\_\_\_\_\_

Are there specific memories or experiences that you believe may be affecting you today?  
\_\_\_\_\_

**Previous Therapy Experience** Have you had therapy before? ☐ Yes ☐ No  
If yes, what type and was it helpful?  
\_\_\_\_\_

**EMDR Readiness & Consent** Do you understand that EMDR may involve recalling distressing memories? ☐ Yes ☐ No  
Do you feel comfortable with this type of therapy? ☐ Yes ☐ No ☐ Unsure

Therapist will explain EMDR process, answer your questions, and provide grounding techniques before starting.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_