

BRIEF END OF E.M.D.R. TREATMENT REPORT/DISCHARGE SUMMARY

Client name and address:		
Referred by:		
Our Reference:		
Your Reference:		
Reason for referral:		
Appointments including attendance and non-attendance:		
Therapy modality used: Eye Movement Desensitisation & Reprocessing (EMDR)		
Secondary therapies used:		
Psychometric measures pre and post EMDR:		
Progress noted:		
Current/residual symptoms:		
Number of further sessions recommended including follow-ups:		
Other comments or recommendations:		

Clinician sign-off:

Therapist Name:	
Declaration: I confirmed that the facts I have stated here are true and the opinion I have expressed is correct to the best of my knowledge and belief.	
Signature and date:	