



Discover·Explore·Empower

## **EMDR Acknowledgement and Consent Form**

Client: \_\_\_\_\_

DOB: \_\_\_\_\_

Eye Movement Desensitization and Reprocessing (EMDR) methodology is a form of adaptive information processing which may help the brain unlock maladaptive material. I have been advised that EMDR is a treatment approach that has been widely validated by research on Post Traumatic Stress Disorder (PTSD). Research is occurring on other ways EMDR can be applied.

I have been specifically advised of the following:

- a) Distressing, unresolved memories may surface through the use of the EMDR procedure.
- b) Some clients have experienced reactions during the treatment sessions that neither they, nor the administering clinician, have anticipated including but not limited to high levels of emotional or physical sensations, disorientation, fear, nausea.
- c) Subsequent to the treatment session, the processing of incidents and/or material may continue, and dreams, memories, flashbacks, feelings, etc. may surface.
- d) Those with limiting or special medical conditions (pregnancy, heart condition, ocular difficulties, etc.) should consult their medical professionals before participating in this therapeutic method. Pregnant women should postpone reprocessing.
- e) If you are involved in a legal case, be sure to discuss this with your therapist.

Before beginning EMDR treatment, I have considered all of the above and I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate.

By my signature below I hereby consent to receiving EMDR treatment. My signature on this *Acknowledgment and Consent* is free from pressure or influence from any person or entity. I understand I may stop treatment at any time before or during any EMDR session and that more than one EMDR session is usually necessary in the treatment.

Client Signature: \_\_\_\_\_

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

Parent/Legal Guardian: \_\_\_\_\_

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

