**EMDR Case Presentation Form**

(Adapted from Forgash and Leeds, 1999)

When consulting on clinical cases related to the application of EMDR, please consider providing the **relevant portions** of the following information to assist me in responding to your inquiry.

NOT all these points need to be covered. There may be additional points that you need to include. Keep in mind you are responsible for obtaining your client’s permission for the release of any confidential information and for disguising any identifying data.

**Client Data**

**Age:** Click here to enter text. **Gender:** Click here to enter text. **Marital status:** Click here to enter text. **Ethnicity:** Click here to enter text.

**Current family system:** Click here to enter text

**Social support system:** Click here to enter text.

**Synopsis of client’s history, including past and present life issues, traumatic events, childhood attachment status, significant health history (lifetime), and relevant EMDR treatment planning:**   
Click here to enter text.

**Resources including ego strengths, coping skills, self-capacities:** Click here to enter text.

**Past treatment episodes and diagnoses:** Click here to enter text.

**Past responses to treatment both positive and negative:** Click here to enter text.

**Current** **diagnoses and medical health conditions (Axis I, II and III):** Click here to enter text.

**DES scores and Dissociative Symptoms:** Click here to enter text.

**Defenses:** Click here to enter text.

**Current stability** (note any impulse control problems with alcohol, drugs, violence, sexual acting out, self-injurious behaviors, etc.): Click here to enter text.

**Affect Management Strategies:** Describe any relaxation training, imagery, hypnosis or other stabilization and resource development interventions and results: Click here to enter text.

For any resource development and installation (including safe place) please describe the resource memory/experience and response to bilateral stimulation (eye movements, tones or taps).

Resource 1: Click here to enter text.

Resource 2: Click here to enter text.

**Presenting problem(s) (include duration):** Click here to enter text.

**Client’s Treatment goal(s):** Click here to enter text.

**EMDR Treatment Plan - Presenting Problem 1:**

Present Day Triggers: Click here to enter text.

Past Events (Potential Targets): Click here to enter text.

Future Template(s): Click here to enter text.

**EMDR Treatment Plan - Presenting Problem 2:**

Present Day Triggers: Click here to enter text.

Past Events (Potential Targets): Click here to enter text.

Future Template(s): Click here to enter text.

***EMDR Protocol(s)***

Which EMDR protocol is being used (i.e. RDI, Single Traumatic Event, Current Anxiety and Behavior, Recent Traumatic Event, Process Phobia, Performance Enhancement, DETUR):  
Click here to enter text.

For disturbing targets that have been processed (past, present or future), please give the assessment of the target(s) before and after the treatment session. If multiple targets have been processed please indicate approximately how many have been processed and with what outcome.

Please give one or two specifics examples of processed target following the format below.

#### Target 1: Pretreatment (indicate target as past, present, future):

Target situation: Click here to enter text.

Image: Click here to enter text.

NC: Click here to enter text.

PC: Click here to enter text.

VoC:Click here to enter text. Emotion(s): Click here to enter text. SUDs: Click here to enter text.

Location of body sensations: Click here to enter text.

#### End of session, (post-treatment):

SUDs: Click here to enter text. VoC: Click here to enter text. Body scan: Click here to enter text. Complete  Incomplete

PC: (final): Click here to enter text.

#### Re-Evaluation Session:

Please describe any changes in how the client functioned following the session(s) in which bilateral stimulation protocols were used whether on resource, past, present or future targets: Click here to enter text.

**Future Template:** Click here to enter text.

**Next Target for Reprocessing:** Click here to enter text.

#### Target 2: Pretreatment (indicate target as past, present, future):

Target situation: Click here to enter text.

Image: Click here to enter text.

NC: Click here to enter text.

PC: Click here to enter text.

VoC: Click here to enter text. Emotion(s): Click here to enter text. SUDs: Click here to enter text.

Location of body sensations: Click here to enter text.

#### End of session, (post-treatment):

SUDs: Click here to enter text. VoC: Click here to enter text. Body scan: Click here to enter text. Complete  Incomplete

PC: (final): Click here to enter text.

**Re-Evaluation Session**:

Please describe any changes in how the client functioned following the session(s) in which bilateral stimulation protocols were used whether on resource, past, present or future targets: Click here to enter text.

**Future Template:** Click here to enter text.

**Next Target for Reprocessing:** Click here to enter text.

Please describe the issue or concern that you would like to address through consultation:

Click here to enter text.