## EMDR

Psychotherapist / Psychologist Contact Details

Therapist: ……………………………………………………………………………………….

Email: ……………………………………………………………………………………….

Telephone: ……………………………………………………………………………………….

NHS  Private 

Consultation Notes

**Psychotherapy Session 1**

**Type of session:** EMDR

Date of appointment: ………………………….………………………………………………

Take home messages:

Work to complete this week:

Next appointment booked?  Yes  No Date: .............................

Private  If so, paid 

**Psychotherapy Session 1**

**Type of session:** EMDR

Date of appointment: ………………………….………………………………………………

Take home messages:

Work to complete this week:

Next appointment booked?  Yes  No Date: .............................

Private  If so, paid 

**Psychotherapy Session 1**

**Type of session:** EMDR

Date of appointment: ………………………….………………………………………………

Take home messages:

Work to complete this week:

Next appointment booked?  Yes  No Date: .............................

Private  If so, paid 