

**CONSENT FORM**  
**FOR EYE MOVEMENT DESENSITIZATION AND REPROCESSING TREATMENT**  
**(EMDR)**

I have been specifically advised of the following:

1. Distressing, unresolved memories might surface through the use of the EMDR procedure.
2. Some patients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations.
3. Subsequent to the EMDR treatment session, the processing of incidents/material may continue and other dreams, memories, flashbacks, feelings, etc. may surface.

Before commencing EMDR treatment, I have thoroughly considered all of the above. I have obtained whatever additional input and/or professional advice that I deemed necessary or appropriate. By my signature below, I thereby consent to receiving EMDR treatment. My signature acknowledges that this consent form was presented with no pressure or influence from any person or entity.

Client Signature (Client's Parent/Guardian if under 18): \_\_\_\_\_

Today's Date: \_\_\_\_\_