

**1 Patient Information****1 PATIENT DETAILS**

Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
DOB / Age: \_\_\_\_\_ Provider / Credentials: \_\_\_\_\_  
Session Type: Individual EMDR \_\_\_\_\_ Duration: \_\_\_\_\_

**CC Chief Complaint & Subjective****2 PRIMARY TARGET ISSUE**

Target issue (trauma, anxiety, intrusive memories). Current distress level, changes since last session, pertinent negatives...

**TI Target Identification****3 EMDR TARGET FOCUS**

Target Memory / Event: \_\_\_\_\_ Negative Cognition (NC): \_\_\_\_\_  
Positive Cognition (PC): \_\_\_\_\_ VOC Scale (1-7): \_\_\_\_\_  
Emotions Associated: \_\_\_\_\_ SUD Scale (0-10): \_\_\_\_\_  
Location of Body Sensations: \_\_\_\_\_

**D Desensitization (Processing Phase)****4 PROCESSING DETAILS**

BLS Method (eye movements / tapping / auditory): \_\_\_\_\_ SUD Progression: \_\_\_\_\_

Patient responses during sets, shifts in emotions, thoughts, or somatic sensations...

**IN Installation, Body Scan & Closure****5a INSTALLATION**

Positive Cognition Reinforced: \_\_\_\_\_ VOC After Installation: \_\_\_\_\_

**5b BODY SCAN**

Residual tension / areas of discomfort / additional processing needed: \_\_\_\_\_

**5c CLOSURE**

Stabilization Technique Used: \_\_\_\_\_ Patient State at End of Session: \_\_\_\_\_

**O Objective — Mental Status Examination****4a APPEARANCE, BEHAVIOR & SPEECH**

Appearance: \_\_\_\_\_

Behavior: \_\_\_\_\_

Speech rate/volume: \_\_\_\_\_

**4b MOOD & AFFECT**

Reported mood: \_\_\_\_\_

Affect range: \_\_\_\_\_

Affect stability: \_\_\_\_\_

**4c THOUGHT PROCESS & CONTENT**

Thought process: \_\_\_\_\_

Thought content / preoccupations: \_\_\_\_\_

**4d PERCEPTION, COGNITION & JUDGMENT**

Hallucinations: \_\_\_\_\_

Orientation: \_\_\_\_\_

Attention / memory: \_\_\_\_\_

Psychomotor activity: \_\_\_\_\_

Eye contact: \_\_\_\_\_

Engagement: \_\_\_\_\_

Affect appropriateness: \_\_\_\_\_

Congruence: \_\_\_\_\_

Reactivity: \_\_\_\_\_

Delusions / obsessions: \_\_\_\_\_

SI / HI (explicitly document): \_\_\_\_\_

Insight: \_\_\_\_\_

Judgment: \_\_\_\_\_

Safety assessment: \_\_\_\_\_

**A Assessment**

**6 EMDR PROGRESS**

Progress in processing, SUD/VOC changes, response to treatment, ongoing clinical needs...

**P Plan**

**7 NEXT STEPS**

Continue EMDR (same/new target) / stabilization work / homework / coordination of care...

**F Follow-Up**

**8 NEXT SESSION**

Next session & symptom monitoring plan: \_\_\_\_\_

**TIME DOCUMENTATION & BILLING**

Total Time: \_\_\_\_\_

Counseling Time: \_\_\_\_\_

Primary Dx Code: \_\_\_\_\_

CPT Code: \_\_\_\_\_

Basis: \_\_\_\_\_

Secondary Dx Code(s): \_\_\_\_\_

PROVIDER NAME

CREDENTIALS

DATE & TIME