

EMDR Progress Note

Client information	
Name	Date of birth
Gender	Contact information
Date of session	Session number
Presenting issues	
Treatment plan	
Session summary	
EMDR target identification	

Subjective Units of Disturbance (SUDS)

Validated changes

Negative cognitions

Positive cognitions

Body sensations

Abreactions/blockages

Client responses

Safety and stabilization

Homework/interim skills

Progress towards goals

Session assessment

Next session's goals

Additional notes

Provider's Signature: _____ **Date:** _____