



Dr. Charlene Bird

CONSENT FOR (EMDR): EYE MOVEMENT DESENSITIZATION AND REPROCESSING TREATMENT

I have been specifically advised of the following:

- a) Distressing, unresolved memories might surface through the use of the EMDR procedure.
- b) 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.
- c) 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: _____

Date: _____