

**Reprocessing Session Notes**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Negative Cognition:**

**Picture:**

**Safe Place:**

**Feelings:**

**PC:**

**Body Sensations:**

**VOC: 1 2 3 4 5 6 7**

**SUDS: 1 2 3 4 5 6 7 8 9 10**

**Time started:**

|                          |   |                   |                    |            |
|--------------------------|---|-------------------|--------------------|------------|
| Cognitive<br>Interweaves | & | Body<br>Movements | Time<br>SUDS check | What said: |
|--------------------------|---|-------------------|--------------------|------------|

*Form M*

*Reprocessing Session Notes*

*Freitag & Swan '11*

**EMDR Target Tracking List**

| # | Age | Event | Presenting Problem | NC | Beginning<br>SUDS | Ending<br>SUDS | Complete? |
|---|-----|-------|--------------------|----|-------------------|----------------|-----------|
|---|-----|-------|--------------------|----|-------------------|----------------|-----------|

(numbers and date completed)

|   |       |  |  |  |  |  |  |
|---|-------|--|--|--|--|--|--|
| 1 | _____ |  |  |  |  |  |  |
| 2 | _____ |  |  |  |  |  |  |
| 3 | _____ |  |  |  |  |  |  |
| 4 | _____ |  |  |  |  |  |  |

*Form N*

*Target Tracking List*

*Freitag & Swan '11*

## Case Presentation Sheet

Patient age:                      Sex:

Presenting problem:

Brief history:

Checklist:    10 best/10 worst    DES    Safe place    Additional resources    Container

Worst traumatic memory:

First traumatic memory:

Most recent trauma/trigger:

TARGET:

NC:

Picture:

Feelings/Emotions:

Body Sensations:

PC:

SUDS

VOC

If reprocessed, results:

Questions you have: