

EMDR Treatment Plan

Client Name: _____

Date Established: _____

Target Memory / Age or Date of Event	T/W	Date S/V/BS	Date S/V/BS	Date S/V/BS	Date S/V/BS	Date S/V/BS
Target:						

Target:						

Target:						

Target:						

Target:						

Target:						

Target:						

Target:						

Target:						

Target:						

Client Name: _____

Date Established: _____

Current Trigger / Future Template	Date S/V/BS	Date S/V/BS	Date S/V/BS	Date S/V/BS	Date S/V/BS
Trigger:					
Future Template:					

Trigger:					
Future Template:					

Trigger:					
Future Template:					

Trigger:					
Future Template:					

Trigger:					
Future Template:					

Trigger:					
Future Template:					

Trigger:					
Future Template:					