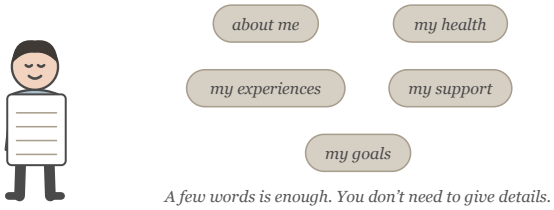
–LENSS–

EMDR Intake Assessment

Helping us understand you, your experiences and what you would like from therapy.

This form helps us plan your therapy safely. Please answer what you feel comfortable with. You can leave anything blank and we can talk about it together. **You do not need to describe upsetting experiences in detail**: a few words, or even a code word, is enough for now.



1. About you

Name	
Preferred name and pronouns	
Date of birth	
Address	
Telephone	
Email	
GP name and surgery	
Emergency contact (name, relationship, telephone)	
Occupation or main daily activity	
Who you live with	

2. What brings you to EMDR?

What is troubling you at the moment, and how is it affecting your life?



What would you like to be different by the end of therapy? These are your goals.

My goals	How far away does this feel now? (0 = very far, 10 = achieved)
1.	
2.	
3.	

3. Your experiences

List any experiences that still trouble you. Headlines only, please.

What happened (a few words)	Age at the time	How much does it bother you now? (0–10)

4. How you have been feeling

In the last month, how often have you…	Never	Sometimes	Often
Had unwanted memories, images or flashbacks	☐	☐	☐
Had nightmares or disturbed sleep	☐	☐	☐
Avoided people, places or thoughts that remind you of what happened	☐	☐	☐
Felt on edge, jumpy or easily startled	☐	☐	☐
Felt irritable or angry	☐	☐	☐
Felt numb, cut off or distant from others	☐	☐	☐
Felt guilty, ashamed or to blame	☐	☐	☐



In the last month, how often have you…	Never	Sometimes	Often
Found it hard to concentrate	☐	☐	☐
Had panic attacks	☐	☐	☐
Felt low or hopeless	☐	☐	☐

5. Feeling spaced out or disconnected

These experiences are common after difficult events. Asking about them helps us go at the right pace.

How often do you…	Never	Sometimes	Often
Lose track of time, or find gaps in your memory	☐	☐	☐
Feel unreal, or as if you are watching yourself from outside	☐	☐	☐
Find yourself somewhere without knowing how you got there	☐	☐	☐
Feel that the world around you is foggy or dreamlike	☐	☐	☐
Feel as if different parts of you want very different things	☐	☐	☐

6. Your health

	Yes	No	If yes, please tell me a little more
Do you have any physical health conditions?	☐	☐	
Have you ever had epilepsy or seizures?	☐	☐	
Do you have any eye conditions, or wear glasses or contact lenses?	☐	☐	
Do you have any hearing difficulties?	☐	☐	
Do you have a heart condition?	☐	☐	
Are you pregnant or planning a pregnancy?	☐	☐	
Do you take any medication? (please list)	☐	☐	
Are you planning to start, stop or change any medication?	☐	☐	
Do you drink alcohol? (roughly how many units a week)	☐	☐	



	Yes	No	If yes, please tell me a little more
Do you use recreational drugs?	☐	☐	
Have you had a head injury or concussion?	☐	☐	

7. Your safety

I ask everyone these questions. Your answers help us keep you safe.

	Yes	No	If yes, please tell me a little more
Do you have thoughts of ending your life, now or in the past?	☐	☐	
Do you harm yourself, now or in the past?	☐	☐	
Do you feel unsafe at home or in a relationship?	☐	☐	
Is anyone harming you, or a child, at the moment?	☐	☐	
Do you ever have thoughts of harming someone else?	☐	☐	

8. Legal matters

	Yes	No	If yes, please tell me a little more
Is there a police investigation or court case linked to what you are bringing to therapy?	☐	☐	
Are you making a compensation, insurance or Criminal Injuries Compensation Authority claim?	☐	☐	
Are you involved in a family court or employment tribunal case?	☐	☐	



9. Previous support

	Yes	No	If yes, please tell me a little more
Have you had counselling, therapy or EMDR before? What helped, and what didn't?	☐	☐	
Are you currently seeing any other mental health services?	☐	☐	

10. Your support and strengths

People I can turn to	
Things that help me cope	
Things I enjoy, or used to enjoy	
Something I am proud of	

11. Practical arrangements

☐ I would prefer to meet in person
☐ I would prefer to meet online, and I have a private space to do so
☐ I have access needs or would like reasonable adjustments (please tell me):
_____

Anything else?

Is there anything else you would like me to know?

Signature		Date	

> Thank you for completing this form. We will go through it together, and you can add to it or change it at any time. Your therapist may also ask you to complete some short, standard questionnaires to help us track your progress.