

(Sample)

**Referring Therapist Feedback Form  
Adjunctive EMDR**

Referred Client: \_\_\_\_\_

Referring Therapist: \_\_\_\_\_ Date of Feedback: \_\_\_\_\_

In an effort to evaluate the usefulness of adjunctive EMDR, I would appreciate you taking a few minutes to complete this form. Please consider the reason you made the referral, the primary symptom or issue to be the focus of the adjunctive treatment, and other important symptoms that may be relevant (e.g. disturbed sleep, hypervigilance, mood disturbance).

The reason for referral is: \_\_\_\_\_

Using a scale from 0 to 10, with 0 signifying no problem, problem completely resolved, and 10 signifying the worst you've known with this client, please rate the intensity of your client's symptoms.

1. Referring problem    0 1 2 3 4 5 6 7 8 9 10
2. Other symptom #1    0 1 2 3 4 5 6 7 8 9 10    (describe: \_\_\_\_\_)
3. Other symptom #2    0 1 2 3 4 5 6 7 8 9 10    (describe: \_\_\_\_\_)

Thank you for completing this form. I will ask you to complete a similar form at the conclusion of adjunctive treatment. If treatment is longer than 6 to 8 sessions, I may ask you to complete a form in the interim. If there is anything else you feel it is important for me to know, please feel free to add it below.

I appreciate the opportunity to collaborate with you on this case.

**Created by Suzanne S. Borstein, Ph.D.**