

EMDR Consultation – Consultee Information Sheet

Date: _____

CONSULTEE INFORMATION

Client Name (Last, First, MI): _____

Email: _____

DOB: _____ Home Phone: _____ Cell: _____ Work: _____

Mailing Address: _____

At which number do you prefer I contact you? _____

EMERGENCY CONTACT INFORMATION

Contact Name/Relationship: _____ Address: _____ Phone Number: _____ Secondary Number: _____

CONSENT FOR EMDR CONSULTATION

I consent to work with Elizabeth Venart for the purpose of receiving EMDR Consultation, individually and/or in a group. If I am seeking consultation for the purposes of obtaining certification, I understand that it is my responsibility to obtain all relevant information and paperwork necessary for my certification and to track my supervision and client hours. By entering into a consultation relationship, I also understand that Elizabeth Venart will be in a position to evaluate the quality of my work and, if I am seeking certification, she will need to complete paperwork that accurately reflects her assessment of my clinical skills.

Client Name: _____ Signature: _____ Date: _____

48-HOUR CANCELLATION POLICY

I certify the information that I have provided is correct. If I choose to request receipts that I will forward to an employer, I authorize the release of information necessary for the purpose of payment.

I understand that I am required to give at least 48 hours notice before any cancellation. If I do not remember to cancel an individual consultation session or if I call to cancel but do not give at least 48 hours notice, I understand that I will need to pay the full professional fee. I understand that pre-payment for all six two-hour group consultation sessions is required and that only one make-up session is offered in the event of absence (for any reason).

Client Signature

Date