

# Referral for EMDR Therapy

Miranda Rohe, LCSW | Lightwork EMDR Therapy

<b>Patient Name</b>	
<b>Date of Birth</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Referred By:</b>	

<b>Reason for referral</b>	
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<b>Diagnosis</b>	
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<b>DES Score</b>	<hr/> <b>(Please attach completed DES Scale)</b>
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<b>Do you feel the client has adequate coping skills to begin trauma work?</b>	
<b>Does the patient have an adequate support system?</b>	
<b>Does the patient have a safety plan in place?</b>	
<b>Does the client have a history of suicidal or homicidal ideation? If yes, please describe.</b>	
<b>History of self-harm?</b>	
<b>Active substance use?</b>	
<b>Current involvement in legal system?</b>	
<b>Benzodiazapine use?</b>	

**Please attach:**

- Release of Information (either your own or the one provided)**
- DES Scale**
- Safety Plan (if applicable)**

**Fax the completed form and attachments to:**

**Miranda Rohe, LCSW**

**315-753-8750**