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| **Nr.** | **Pat.-Chiffre** | **Geschlecht** | **Alter** | **Diagnose PTBS** | **Diagnose andere** | **Indikation für EMDR** | **Anzahl Stimulations stunden Ablaufschema (Phase 3-7, ggfs. auch über mehrere Sitzungen)** | **Anzahl Stimulationsstunden Ressourcen**  **aktivierung** | **Anmerkungen** |
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| 15 |  |  |  |  |  |  |  |  |  |
| **Nr.** | **Pat.-Chiffre** | **Geschlecht** | **Alter** | **Diagnose PTBS** | **Diagnose andere** | **Indikation für EMDR** | **Anzahl Stimulations stunden Ablaufschema (Phase 3-7, ggfs. auch über mehrere Sitzungen)** | **Anzahl Stimulationsstunden Ressourcen**  **aktivierung** | **Anmerkungen** |
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| 25 |  |  |  |  |  |  |  |  |  |

Zur Kenntnis genommen:

Datum und Unterschrift des EMDR-Supervisors / der EMDR-Supervisorin Datum und Unterschrift des Antragstellers / der Antragstellerin