|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 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** |
| 16 |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |

Zur Kenntnis genommen:

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