## **EMDR Singapore Consultation Log**

Name:					
Date	Client Initials	Number of hours	Group / Individual	Consultant	Signature
	•	·	•	·	•
Total num	nber of hours (Ir	ndividual Consult	ration):		
Total num	nher of hours (G	Group Consultation	on):		
rotal Hull	ibel of flours (C	noup Consultation	/ <sup>11</sup> /·		