

Referral for adjunctive hypnotherapy sessions

Dear _____

Patient name: _____

I am a Certified Hypnotherapist practicing in *Loveland, CO* and also via Skype.

The subject patient has sought my services for the following issue(s):

Because of the possible medical or psychotherapeutic nature of these issues, I am required to obtain a professional referral for hypnotherapy.

The nature of my hypnotherapeutic services is motivation and behaviour modification, and I also teach relaxation and visualization techniques.

These services are not intended to be therapeutic in any way except by the referral of a Licensed Practitioner, or to interfere with any appropriate medical or psychotherapeutic care required by the patient.

Upon request (please check the box below). I will apprise you as to the patient's progress.

For more information please see my website: www.reclaimyourhealth.net
www.Hypnosis4Life.net

Statement of Licensed Practitioner:

I have evaluated this patient, and concur with the use of hypnosis for the stated areas. I provide the following special notes or instructions:

In my professional opinion, hypnotic sessions may be of aid or value as an adjunctive technique for habit reconditioning or self-improvement in this case, and for the above purposes I refer the client to you for hypnosis sessions. There is nothing that would preclude the use of hypnotic techniques in this case.

Please provide contact information for the Licensed Practitioner:

Name: _____

Phone: _____

Email: _____

Send updates about this patient

Address: _____

Or: Specific Instructions or Precautions

- Smoking Cessation
- Weight Management
- Diabetes Management
- Anxiety
- Insomnia / Sleep Disorder
- Pre/Post Surgery

- Pain Management
- Irritable Bowel Syndrome
- Fibromyalgia
- Migraine Headache
- Phobia
- Other

Signature: _____

Date _____