

## Request for Medical Referral

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Client Name

\_\_\_\_\_ sought my services on \_\_\_\_\_

to achieve their self-improvement goals using hypnosis. As a hypnotist, I offer self improvement or work under referral or Medical Doctors, Dentists or Psychologists. Because one or more of their stated goals may have a psychological basis, I am referring them to you for examination and referral.

I ask you for referral for this client, not as for endorsement of hypnosis, but reither as your confirmation that you are aware of your patient's symptoms and goals and do not feel that seeking hypnosis for motivation to achieve those goals would in any way interfere with any necessary medical treatment or that hypnosis is in any medically contraindicated for your patient.

Your participation to this patient goal achivment is welcomed if desired. As a hypnotist my focus will be to motivate my client to seek this information and then follow through their behavior to achieve their goals.

I welcome your recommendations and referral so that I may be of continued service to my client. Your prompt replay is greatly appreciated. I will keep you informed of my client progress, and should the need arise I will contact you further.

Thank you.

\_\_\_\_\_  
Hypnotist Name

\_\_\_\_\_  
Hypnotist Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**To:**

\_\_\_\_\_  
Hypnotist Name

This will acknowledge receipt of your letter of request dated \_\_\_\_\_, regarding.

\_\_\_\_\_  
Patient Name

In my professional opinion I see no contraindications, with regard to hypnotic sessions, for the above-mentioned patient.

I understand the hypnotic sessions will consist of self-improvement.

Should you need any further consultation or evaluation, please contact me at the above-mentioned phone/fax number.

Sincerely,

\_\_\_\_\_  
Physician Signature