



Medical Referral for Hypnosis

FROM THE HYPNOTIST TO THE DOCTOR:

Your patient: _____ Age: ____ Phone: _____
is requesting instructions in self-hypnosis to help with the following:

Since I require a physician's referral in such cases, I would appreciate your signature below, indicating your approval. Should you have any questions please feel free to call me at: 1-888-880-4933.

Thank you in advance for your attention to this matter.

Shawna Steilen
Certified Hypnotist

www.life-changinghypnosis.com

FOR THE DOCTOR TO RETURN TO THE HYPNOTIST:

I have examined and evaluated the patient named above and see no contraindication to the use of self-hypnosis in this case.

Additional Comments

Physician's Signature: _____ Date: _____

Print Doctor's Name: _____

Office Street Address: _____

Office City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____