



**CLIENT REFERRAL FORM**

DATE: \_\_\_\_\_

Dear Referring Medical Professional:

Your patient \_\_\_\_\_, wishes to undergo hypnotic conditioning and suggestion for the following purpose:

\_\_\_\_\_

Since we require a medical professional's referral in such cases, we would appreciate your signature below indicating your approval. Please be assured that I shall keep you informed as to your patient's progress. Please either return this form to your patient or FAX it to **866-375-3657** at your earliest convenience so that I may be informed of your decision.

Thank you for your kind attention.

Sincerely,

James Thornton, Certified Hypnotist (National Guild of Hypnotists - 29512)

**This section to be completed by the Medical Professional**

I have examined \_\_\_\_\_ and see no contraindication to the use of hypnosis and hypnotic suggestion in this case.

I have these additional comments and instructions for you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Signature and Date**

\_\_\_\_\_

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_

\_\_\_\_\_  
**Address**