

Laurie Fisher, CHT
A.C.H.E. Certified Hypnotherapist #HT 109-021
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San Rafael Office: 1000 Fifth Ave., Suite #3, San Rafael, CA 94901 (707-889-0167)

Re: Referral for adjunctive hypnotherapy sessions

Dear Dr. _____,

A patient of yours, _____, has requested my services for _____.

As a Certified Hypnotherapist, my work involves helping my clients tap into their subconscious abilities to motivate, focus on the positive, transform unhealthy habits and living patterns, and remove limiting thoughts and belief systems that keep them from enjoying full and satisfying lives. I neither diagnose, prescribe nor treat any physical or mental ailment.

If you have no objections, please sign and date the statement below, and give it to your patient to return to me. (Or scan and email to the above email address.) Please note any limitations or anything you want me to be aware of based on medical or psychological problems of your patient. Thank You.

Sincerely,
Laurie Fisher, CHT

I am not aware of any medical reason why my patient named above should not work with you hypnotherapeutically. I understand that you neither diagnose, prescribe nor treat, and that your practice involves helping your clients achieve positive goals and enhance their well-being. I have noted below any limitations I recommend, based on medical or psychological problems of this patient.

Doctor's Signature _____ Date _____

Print Name _____

Office Address _____

_____ Office Phone No. _____

Special limitations (if any): (Use back side if more space is needed.)

I give Dr. _____ permission to release medical or psychological information about me to Laurie Fisher, Certified Hypnotherapist.

Signature _____ Date _____