
Medical Referral For Counseling Hypnosis

FROM THE COUNSELING HYPNOTIST TO THE DOCTOR:

Your patient: _____ Age: _____ Phone: _____
Wishes to undergo hypnotic suggestion for the following purpose:

Our service, though complementary in nature, still holds to you as the medical authority and therefore requires of the client a physician's sanction or referral before we would consider going forward.

I would appreciate your signature below indicating your approval. Should you have any questions please feel free to call or email me at: 903-4759-2947.

robert@achievementinspired.com

I am an 18 year certified and experienced counseling hypnotist, a master practitioner in Neurolinguistics and a Christian Counselor. Your Client's wellbeing is my highest interest. If you prefer you may review my credentials on our website at:

https://achievementinspired.com/your_counselor/.

Thank you in advance for your attention to this matter.

Robert Conger

321 Southfield Rd

Shreveport, LA 71115

<https://achievementinspired.com>

FOR THE DOCTOR TO RETURN TO THE COUNSELING HYPNOTIST:

I have examined and evaluated the patient named above and see no contraindications to the use of hypnotic suggestion in this case.

Additional Comments: _____

I would _____ would not _____ like a report of any progress that may be recorded.

Physician's Signature _____ Date: _____

Print Doctor's Name: _____

Office Street Address: _____

Office City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____