

WILLOW HYPNOSIS

Date:
To:
Address:

Dear:

Your client _____ wishes to undergo hypnotic conditioning and suggestion for issues related to: _____

Since we require a psychological referral in such cases, we would appreciate your signature below indicating your approval. Should you have any questions please don't hesitate to contact me and be assured that I shall keep you informed as to your client's progress.

Thank you for your kind attention.

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For the Psychological 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:

Signature

Psychological Professional's name, address: (Please print or type)

Phone # () _____ - _____