

# Request for Therapist Referral

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Dear Mr./Ms. \_\_\_\_\_,

\_\_\_\_\_  
Client Name

\_\_\_\_\_ sought my services on \_\_\_\_\_  
Date

\_\_\_\_\_ for Hypnotherapy

to achieve their self improvement goals. As a Hypnotherapist, I offer vocational or avocational self-improvement, or work under referral of Doctors, Dentists or Psychologists (Business and Professions Code 2908).

Because one or more of the above-mentioned client's stated goals falls into a grey area between self-improvement counseling and psychotherapy, I am referring them to you for consultation and referral.

I ask for your referral for this client, not as your endorsement of Hypnotherapy, but rather as your confirmation that you are aware of your patient's symptoms and goals and that seeking Hypnotherapy for motivation and behavioral change would not be contraindicated for your patient. I welcome your recommendations and referral so that I may be of continued service to my client. Your prompt reply is greatly appreciated.

Thank you for your consideration in this matter.

Sincerely,



Niki Payne, C.Ht.  
Certified Hypnotherapist, AFL/CIO Certification # 36441779  
22219 Palos Verdes Blvd. Torrance, CA 90505  
(323) 736-2185 | niki@hypnodipity.com

# Reply to Request for Therapist Referral

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Dear Ms. Niki Payne,

I have received your request for referral regarding \_\_\_\_\_  
Client Name

In my professional opinion, I see no contraindications, with regard to Hypnotherapy sessions, for the above-mentioned patient.

I understand the Hypnotherapy sessions will consist of vocational and/or avocational self-improvement.

Should you need any further consultation or evaluation, please contact me at the above-mentioned phone number.

Sincerely,

\_\_\_\_\_  
Therapist Signature

Additional Recommendations/Suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Client Acknowledgement

I understand Hypnotherapy is not a substitute or replacement for traditional mental health care, and that I should not discontinue or modify psychotherapy or any medication being taken without first discussing it with my therapist and obtaining psychiatric approval.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_