

Reply to Request for Therapist Referral

Date

Therapist Name

Address

City

State

Zip

Phone

To: Ms. Niki Payne,

This will acknowledge receipt of your letter of request dated _____,
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

Client Acknowledgement

I understand Hypnotherapy is not a substitute for medical or psychiatric treatment. I also understand that discontinuing or modifying my current treatment plan or psychotropic medication is not recommended without first discussing it with my primary mental health provider.

Client Signature: _____ Date: _____