

Request for Therapist Referral

Date

Therapist Name

Address

City

State

Zip

_____ sought my services on _____

Client Name 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 Licensed Psychotherapists (*in accordance with Business and Professions Code 2908*).

Because one or more of the above-mentioned client's stated goals may fall 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,

Niki Payne
Clinical Hypnotherapist
1455 W Redondo Beach Blvd. Suite 2941, Gardena, CA 90247
(310) 243-6153 | niki@hypnodipity.com

Reply to Request for Therapist Referral

Date

Therapist Name

Address

City

State

Zip

Phone

To: _____
Hypnotherapist Name

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: _____