

CLEAR LIFE RESULTS HYPNOTHERAPY

Stephanie C. Conkle, C.Ht.

Certified Clinical Hypnotherapist

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Your Patient: _____ Phone: _____

The above patient wishes to undergo hypnotic conditioning and suggestion as a complementary modality for help with the following condition: _____

Since I require a physician's referral in such cases, I would appreciate your signature below indicating your approval. Please be assured I shall keep you informed as to your patient's progress. A physician referral ensures this individual is in fact being treated by you for the specific condition indicated. Hypnosis has the ability to dramatically alter the perception of pain. Before hypnosis is administered, a medical examination for the patient is required to avoid masking any symptoms to ensure a proper medical diagnosis and treatment has been made, and to determine whether there is any reason, in your opinion, that hypnosis should not be used with this client. I can tailor hypnosis to your patient's specific pain relief needs. Thank you for your kind attention:

Sincerely,

Stephanie C. Conkle, C.Ht.

For the Doctor

I have examined my patient _____ and see no contraindications to the use of hypnotic suggestion in this case. I have these additional comments and instructions for you: _____

Dr. _____ Date signed: _____
Signature

Doctor's Printed Name: _____ Phone: _____ Fax: _____

Street Address: _____ City: _____ State: _____ Zip: _____

For the Patient

I understand hypnosis is not a substitute or replacement for traditional medical care, and that I should not discontinue or modify any medication being taken without first discussing it with my doctor and obtaining medical approval.

Patient's Signature: _____ Date signed: _____