



Stephanie C. Conkle  
2547 Holly Springs Pkwy  
Holly Spring, GA 30115  
678-995-3549

[www.ClearLifeResults.com](http://www.ClearLifeResults.com)

Your Patient: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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Since I require a psychiatrist's or physician's referral in such cases, I would appreciate your signature below indicating your approval. A physician referral ensures this individual is in fact being treated by you for the specific condition indicated.

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. Thank you for your kind attention.

Sincerely,

Stephanie C. Conkle, C.Ht  
Certified Clinical Hypnotherapist



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Clinical Hypnotherapist

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Doctor's Printed Name: \_\_\_\_\_

Date signed: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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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: \_\_\_\_\_

Patient's Printed Name: \_\_\_\_\_

Date signed: \_\_\_\_\_