Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_,

I am a practicing Hypnotherapist, certified by the International Practitioners & Coaches Association. Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (and/or their parent/guardian) has requested help in the area of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As a Hypnotherapist, I do not attempt to treat or diagnose disease or mental disorders of any kind. Hypnosis is in no way a substitute for standard medical procedures, but works in conjunction with them by freeing the patient of feelings and attitudes that may be inhibiting his or her natural immunizing or other vital processes. Hypnosis helps create strong mental expectancy and reduces stress, thereby normalizing the action of the autonomic nervous system.

Your signature below authorizes me to use these therapeutic techniques with the above-named patient for said condition.

 Thank you,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CHt

Doctor

Patient

Parent/Guardian *(if applicable)*