NANGA-MAI HYPNOSIS
Nangamaihypnosis@gmail.com
772-360-0719

Clinical/Physicians Referral

Date:_____

Patient Info:

Patient Name:_____**Phone:**_____

Patient Address:_____**City:**_____**State:**____**Zip:**_____

Email Address:_____

Physician Info:

Physician Name:_____**Phone:**_____

Physician Address:_____**City:**_____**State:**_____**Zip:**_____

Physician Email Address:_____

Physician Release & Approval:

In certain circumstances, Nanga-Mai Hypnosis requires a physician's referral. We would appreciate your signature indicating your approval as well as any clinically relevant information you wish to provide regarding your patient.
Nanga-Mai Hypnosis will keep you informed as to your patient's progress, and keeps client information in the strictest of confidence.

I understand that my patient_____**wishes to undergo hypnosis for the following purpose:**

_____

_____

I have examined this patient and see no contraindication to the use of hypnosis and hypnotic suggestions in this case. I have these additional comments and instructions,

_____

_____

Physicians Signature:_____ **Physician#:**_____

Print Physician's Name:_____**Date:**_____

Ziekal Hypnosis And Healing / Kari Dennis, Board Certified Hypnotist / ziekalhypnosisandhealing@gmail.com / 772-559-4507*