



Resolve with Hypnosis

DATE: _____

Dear _____ (physician or insurance company).

I am a Board-Certified Consulting Hypnotist, member of the National Guild of Hypnotists since 2015, and I work with clients on a variety of issues such as weight control, smoking cessation, reducing stress, reducing fears/worries, improving skills, confidence building, learning self-hypnosis techniques, elimination of habits, increasing motivation to follow through with goals, and many other areas. I teach people to use simple tools such as relaxation, positive suggestions, and imagery to change their attitudes, beliefs, and perspectives and change their lives. I also work with parents who have issues with their children using the [Sleep Talk® process](#), which allows them to improve their children's behaviors, attitudes, and habits." I do not diagnose, treat, or cure any medical or emotional condition.

Your patient _____ has contacted me with an interest in experiencing hypnosis for self-improvement purposes.

If an individual is under the care of a licensed professional, I require them to have a signed authorization from that professional. This authorization is not a recommendation by you for hypnosis, but rather is an *authorization* that the patient may receive hypnosis services as an additional, complimentary benefit, for the purpose of self-improvement (looking better, feeling better, sleeping more soundly, having more energy, more positive self-esteem, more motivation to follow through on goals, etc.) Please sign & date the attached form and return to him/her, or mail to:

**Sally Doran, BA, MA, BCH Board Certified Consulting Hypnotist
2601 West Seneca Turnpike, Marcellus, NY 13108**

Thank you very much! Please call me with any questions or comments, or visit my website at: resolvewithhypnosis@gmail.com

Best Regards,

Sally Doran

Sally Doran / (315) 278-7373
Board Certified Consulting Hypnotist