

Request for Medical Referral

Date: _____

Dear Health Care Provider:

I have been contacted by your patient _____ ,
requesting instruction in self-hypnosis.

It is my policy to be sure that the attending physician or other health care provider is aware that the patient is practicing hypnotism, and will likely experience less worry and discomfort than other patients. Research suggests there may be other general health benefits as well.

Consulting Hypnotism is motivational coaching by means of hypnotism and is not considered health care. Therefore, health insurance does not normally cover hypnotism and your patient will be paying me directly for my services.

Please inform me if you have any objection to your patient receiving hypnotism services. Additionally, I would appreciate your collaboration, if there is anything in particular you would like for me to include in my work with your patient, such as pain control or appetite management.

I am a Consulting Hypnotist in good standing with the National Guild of Hypnotists and my continuing education is current. I practice in accordance with the Code of Ethics, Standards of Practice and Recommended Terminology of the National Guild of Hypnotists, and give every client a comprehensive Client Bill of Rights which fully discloses my training and practice limits.

I would greatly appreciate the courtesy of you contacting me by phone or mail at your convenience, so that I can confirm your receipt of this notice. I will gladly provide you with more information about my services and background. You may also visit my profile at NGH.net under "Find a Hypnotist".

Respectfully,



Adam B. Conn, MS, Certified Consulting Hypnotist (National Guild of Hypnotists, ID# 75973)

Cross Conscious Hypnosis LLC
837 Eunice Avenue
Portsmouth, OH 45662
814.618.6464