



Wendie Phillips, CCHt., CTHt.

WendiePhillips.com

321-233-6900

PLEASE RETURN SIGNED FORM TO:

Wendie Phillips - Integrative Hypnotherapy (FAX number provided as requested)

Dear Dr. _____:

I, _____ am interested in obtaining hypnosis from:

Wendie Phillips - Integrative Hypnotherapy, Cocoa Beach, FL 32931

To help relieve the following symptoms, problems or conditions:

Wendie Phillips - Integrative Hypnotherapy, LLC requires this form indicating that my physician/health care professional is aware of my desire to use hypnosis for the above stated purpose(s).

Patient/Client Signature: _____

To: **Wendie Phillips – Integrative Hypnotherapy**

I am aware of my above referenced patient's desire to use hypnosis to help with _____ and have no objection.

My patient has the following diagnoses:

Additional Comments or instructions:

I have examined and evaluated the patient named above and see no contraindication to the use of hypnotic suggestion or related modalities in this case. I understand that you neither diagnose, prescribe nor treat, and that your practice involves helping your clients to achieve positive goals and enhance their well-being. I have noted above any limitations I recommend, based on medical concerns of this patient.

Physician's Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____