## Request for Therapist Referral

Date:	
Therapist Name	
Address	
City State Zip	
	sought my services on
Client Name	Date
	mprovement goals. As a Hypnotherapist, I mprovement, or work under referral of erapists, (Business and Professions Code 2908).
	ntioned client's stated goals may fall into a tounseling and psychotherapy, I am and referral.
rather as your confirmation that you a	as your endorsement of Hypnotherapy, but ire aware of your patient's symptoms and or motivation and behavioral change would
I welcome your recommendations and service to my client. Your prompt reply	d referral so that I may be of continued is greatly appreciated.
Thank you.	
Hypnotherapists Name (Print)	Hypnotherapists Signature
Phone	Fax