Hypnotic Solutions

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Request for Authorization for the use of Hypnotherapy and Imagery

This form requests authorization from a licensed Medical Doctor or Mental Health Professional to allow the use of Hypnotherapy and Imagery as complementary self-help.

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The above-named client is seeking my self-improvement services using Hypnosis and Imagery techniques for the following presenting issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I provide Hypnotherapy services which offer vocational or avocational self-improvement. However, as a Hypnotherapist I will not work outside of these areas without referral from a licensed Medical Doctor or Mental Health Professional. The client has been advised that I am not a licensed healing arts practitioner and that because one or more of the client’s stated goals and presenting issues may have a possible medical etiology, I am referring them to you for consultation and authorization for them to use my Hypnotherapy services. This authorization does not require your endorsement of Hypnotherapy, but rather your confirmation that you are aware of the presenting issue(s) as stated above and that seeking Hypnotherapy for motivation and behavioral change would not be medically contraindicated for your patient.

**Provider Authorization and Signature:** My signature below verifies authorization for the use of Hypnotherapy and Imagery services for the above-named client.

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