



David A. Blender, CPC, CCH, CH

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Hours By Appointment Only.

Request for Medical Referral

Date:

Physician Name

Address

City State Zip

_____ sought my services on _____
Client Name

for habit re-conditioning. I am a hypnotherapist, who, by law may only use "hypnotic techniques which offer vocational, avocational self-improvement or self-hypnosis. The law entitles me to work outside the areas of vocational, avocational self-improvement or self-hypnosis, provided that I receive a referral from a medical practitioner.

I have advised my client as to the scope of my abilities, within the law. In order to comply with the above-mentioned law, I have referred him/her to you for your examination to determine whether there are any physiological and/or other reasons, in your opinion, that hypnosis should not be used with this client. I welcome your recommendations and referral so that I may be of continued service to my client.

Your prompt reply will be greatly appreciated. I will keep you informed of my client's progress, and should the need arise, I will contact you further.

Thank you.

Hypnotherapist Name (Print)

Hypnotherapist Signature