



New Beginning Hypnosis

Diosa Figueroa

Certified Hypnotist

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NewBeginningHypnosis.com

Physician's Referral Form

It is required to complete this form and have your doctor sign it, if you have been advised that you need your physician's approval before you do any hypnosis sessions.

Date:

PATIENT'S INFORMATION:

Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

PHYSICIAN'S INFORMATION:

Name:		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

Physician Release and Approval:

In certain circumstances, New Beginning Hypnosis requires a physician's referral. We would appreciate your signature indicating your approval that your patient receives hypnosis treatments. We would also appreciate any relevant information you wish to provide regarding your patient. New Beginning Hypnosis will keep you informed as to your patient's progress and keeps client information in the strictest of confidence.

I understand my patient _____

Wishes to undergo hypnosis for the following purpose:

I have examined this patient and see no contradiction to the use of hypnosis and hypnotic suggestion in this case. I have these additional comments and instructions:

Physician's Signature: _____ Physician #: _____

Print Physician's Name: _____ Date: _____