

I'm referring my patient _____ for:

Anxiety/Stress/Panic Attacks

Bruxism / TMJD

Cancer Care

Fear/Phobia elimination:

Specify: _____

Allergies/Skin Conditions:

Specify: _____

Gag reflex relief

Pain Relief:

Specify: _____

Chronic Acute Other

Smoking Cessation

Surgery Preparation

Specify: _____

Unexplained Behavior(s)

Specify: _____

Additional instructions: _____

I understand _____ is trained in hypnosis, Neuro-Linguistic Programming and other mind/body modalities. I acknowledge he is not a medical doctor and his services are complementary care, not a replacement for medical treatment.

Doctor Signature: _____ Date: _____

Doctor Printed Name: _____

Doctor Address: _____

Doctor Phone: _____