

Clinical Referral Request

11 December 2008

Dear Dr.

Your patient: _____ Birth Date: _____
has approached me requesting hypnosis sessions and self-hypnosis training for stress management, motivation, behavioural change and/or symptom management related to these clinical condition(s), identified by your patient:

.....
.....
In such instances MindClick Partners Inc respectfully requests your clinical referral indicating that there is no known contraindication to your patient using hypnosis complementary to the existing medical/surgical treatment plan for the identified clinical condition(s). I will provide you with a report upon completion of the course of sessions. Thank you for your prompt attention to this matter.

Sincerely,

Janice Manson RN MN CH
Clinical Hypnotist

Please SIGN and FAX this completed referral to +1-877-350-8810.

This area to be completed by the referring clinician.

I have knowledge of _____'s clinical condition and see no contraindication to his/her use of hypnosis with _____.

Additional comments or recommendations: _____

Date

Clinician's Signature

Please send a final report to – Clinician's Name: _____

Office Address: _____

Office Telephone: _____ **Office FAX:** _____

Clinician Email: _____