

Dear Dr.

Your patient wishes to undergo hypnosis and self-hypnosis training for stress, behavioural change, and symptom management related to a named clinical condition. In such instances MindClick Partners Inc requests your medical referral indicating that there are no known contraindications to your patient using hypnosis complementary to the current medical/surgical treatment plan for the named conditions. Thank you for your attention to this matter.

Sincerely,

Janice Manson RN MN DCH
Clinical Hypnotist

Patient Name: _____ Date of Birth: _____

Conditions/Issues: _____

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

This area to be completed by the referring physician

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

Additional comments or recommendations: _____

Date **Physician Signature**

Physician Name: _____

Office Address: _____

Office Phone: _____ **Fax:** _____