

MEDICAL REFERRAL FORM

Today's Date: _____

Dear Dr. _____:

I am interested in obtaining hypnosis from:

Janet Harwell, Certified Hypnotist
Harwell Hypnosis & Healing Arts
1315 Sam Bass Circle, Suite A
Round Rock, TX 78681
www.HarwellHypnosis.com
Email: janetharwell@msn.com
Phone (512) 341-2567, FAX (512) 218-4051

To help relieve the following symptoms, problems or conditions:

My hypnotist requires this form prior to my first appointment on: _____ indicating that my health care professional is aware of my desire to use hypnosis. and to avoid masking any symptoms before a proper medical diagnosis has been made and/or necessary medical treatment administered. It is not necessary that you to approve or recommend hypnosis as a form of self-help or adjunct therapy.

Patient/Client Signature: _____

Printed Name: _____ Date of Birth: _____

PLEASE RETURN SIGNED FORM TO:

Janet Harwell, CH
Harwell Hypnosis & Healing Arts **FAX: (512) 218-4051**
1315 Sam Bass Circle, Suite A
Round Rock, TX 78681

I am aware of my above referenced patient's desire to use hypnosis to help with his/her above listed symptoms and/or to promote wellness and have no objection.

My patient has the following diagnoses:

Additional Comments or instructions: _____

Physician's Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____