MEDICAL REFERRAL

Jakub Tencl, Ph.D.

Clinical Hypnotherapist

Your Patient: _____ Telephone: _____

The above patient wishes to undergo hypnotherapy as a complementary modality for help with the following condition:

_____

Since I require a physician's referral in such cases, I would appreciate your signature below indicating your approval.
A physician referral ensures this individual is, in fact, being treated by you for the specific condition indicated. Before hypnosis is administered, a medical examination for the patient is required to avoid masking any symptoms to ensure a proper medical diagnosis and treatment have been made and to determine whether there is any reason, in your opinion, that hypnosis should not be used with this client. Thank you for your kind attention.

Sincerely,

For the Doctor

I have examined my patient _____and see no contraindications to the use of hypnotic suggestion in this case. I have these additional comments and instructions for you: _____

Dr. _____Date signed: _____
Signature

Doctor's Printed Name: _____Telephone: _____

Street Address: _____City:_____

For the Patient

I understand hypnosis is not a substitute or replacement for traditional medical care and that I should not discontinue or modify any medication being taken without first discussing it with my doctor and obtaining medical approval.

Patient's Signature: _____ Date signed: _____