

VRishi Immersive Hypnotherapy

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VRishi Hypno LLC | Redwood City, CA | 858-226-0619 | vrishihypno.com

Medical Professional – Notice of Hypnotherapy Services

_____, Physician Name Date

Dear Dr. _____,

I am writing to you on behalf of your patient, _____.

Your patient sought my professional services as a Hypnotherapist to assist them with their goal of _____.

As a hypnotherapist, I am trained to work with a variety of licensed health care professionals and follow the protocol of California Business and Professions Code 2908.

Because there is the possibility of a medical etiology, and/or medical components for such issues, I want to be sure that you, as their medical doctor, are aware of these issues and have evaluated them to determine whether medical treatment is required.

Please let me know, if in your opinion, Hypnotherapy and/or Imagery services would in any way be medically contraindicated for your patient or if my services would in any way conflict with your medical treatment.

I look forward to using my Hypnotherapy and Imagery skills to help your patient achieve the results they are looking for. I welcome any feedback or suggestions that might be helpful to assist them in achieving their goals.

I would greatly appreciate the courtesy of you signing and returning this form so that I may be assured of your receipt of this notice. If you have any questions or require any additional information, please feel free to contact me.

Thank you for your consideration in this matter.

Sincerely,

Joe Smith Certified Hypnotherapist, American Hypnosis Association Telephone, Email

Signature of Receipt

_____, Physician Signature

Date

Client/Parent Signature

Date