

# Reply to Request for Therapist Referral

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

To: \_\_\_\_\_  
Hypnotherapist Name

This will acknowledge receipt of your letter of request dated \_\_\_\_\_,  
regarding,

\_\_\_\_\_  
Patient Name

In my professional opinion I see no contraindications, with regard to Hypnotherapy sessions, for the above-mentioned patient.

I understand the Hypnotherapy sessions will consist of habit reconditioning and/or self-improvement.

Should you need any further consultation or evaluation, please contact me at the above-mentioned phone number.

Sincerely,

\_\_\_\_\_  
Therapist Signature