

SUSAN GOLD, CERTIFIED HYPNOTHERAPIST

122 2ND AVENUE, SUITE 209
SAN MATEO, CA 94401

SUSAN@SUSANGOLD.NET
WWW.SUSANGOLD.NET

(650) 532-0509

Date: _____

Dear Dr. _____:

Your patient, _____, has sought my help for pain management for the following reasons:

It is my practice to get a medical referral before using hypnosis to help a client manage his or her pain. I believe hypnotherapy would be beneficial to _____ and would appreciate your signature below indicating your approval.

Please feel free to contact me should you have any questions or feel that there is anything important that I need to know before working with _____.

Thank you for your time.

Best regards,

Susan Gold

I have examined _____ and see no contraindication to the use of hypnotherapy in this case.

Additional Comments:

Doctor's Signature: _____ Date: _____

Print Doctor's Name _____

Doctor's Phone Number: _____ Address: _____

Patient's Signature: _____ Date: _____

Print Patient's Name: _____