



## Western Pa Hypnosis, LLC

224 E 3<sup>rd</sup> Street  
East Brady, Pa 16028  
724-691-3928

### Referral Form

To: \_\_\_\_\_ Date \_\_\_\_\_

Your patient/client \_\_\_\_\_ has requested I treat him/her for  
\_\_\_\_\_ using Hypnosis.

In this type of case, I require my client to obtain a referral from a medical or mental health professional to ensure Hypnosis is not contraindicated. I would appreciate your signature below, indicating whether Hypnosis is contraindicated. With your permission, I will keep you apprised of their progress. Thank you.

Jeffrey J. Lewis, B.A., Cht. – Professional Hypnotist & NLP Practitioner

#### Please check the appropriate option:

I see no contradiction to the use of Hypnosis in this case.

**OR**

Hypnosis is contraindicated in this case. (Please list the reasons for contraindication).

#### Comments or Additional Instructions:

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please return the completed form with your patient/client or via email to:**

Contact@WesternPaHypnosis.com

*Thank You*