



WELLNESS COACHING & HYPNOTHERAPY
experience harmony within
The Whole Measure

2400 N Postal Blvd #30264
Flagstaff AZ 86003
Phone (928) 421.2427
www.thewholemeasure.com

REQUEST FOR MEDICAL REFERRAL

Dear Physician,

Your patient has expressed interest in using hypnotherapy to achieve self-improvement goals. One or more of these goals may have a physiological basis, so I am referring them to you for examination and require a referral prior to beginning work.

I am asking for your referral for this client, not as an endorsement of hypnosis, but as a confirmation that you are aware of your patient's self-improvement goals and do not feel the use of hypnosis to achieve these goals would interfere with necessary medical treatment, or that hypnotherapy is medically contraindicated for your patient.

The following form is included for your convenience, and may be easily returned via postal mail or email.

Thank you in advance for your coordination and please feel free to contact me to discuss this opportunity in more detail.

Sincerely,

Krystal Matocha, CHt (Certified Hypnotherapist)

SMOKING CESSATION - WEIGHT-LOSS - STRESS MANAGEMENT - PAIN MANAGEMENT
BODY IMAGE - SELF-ESTEEM - RELAXATION - MOTIVATION - SUCCESS



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RETURN FORM TO:
2400 N Postal Blvd #30264
Flagstaff AZ 86003
Phone (928) 421.2427
krystal@thewholemeasure.com

MEDICAL REFERRAL FORM

Dear Krystal Matocha,

I received your request regarding _____, who is my patient/client.

In my professional opinion, I see no contraindications with regard to hypnosis sessions, for the above mentioned patient/client.

I understand the hypnosis sessions will consist of guided imagery, deep breathing, relaxation, habit-change and/or self-improvement.

Sincerely,

Physician Signature: _____ **Date:** _____

Referrer Contact Information

Please Print

Physician Name: _____

Practice Name: _____

Office Address: _____

City, State Zip: _____

Phone: _____

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