PHYSICIAN REFERRAL FOR HYPNOSIS

Hypnotherapist Information:
Timothy Biden
Strategic Changes
544 Chester Pl, Pomona, CA 91768
(840) 243-9990
tim@strategicchanges.com

Patient Information:
Name: _____
Date of Birth: _____
Address: _____
Phone: _____
Email: _____

Referring Physician Information:
Physician: _____
Practice: _____
Address: _____
Phone: _____
Email: _____
License #: _____

Medical Diagnosis or Condition for Referral:

_____

_____

_____

_____

Reason for Referral:
( ) Pain Management
( ) Stress & Anxiety Reduction
( ) Sleep Improvement
( ) Smoking Cessation
( ) Weight Management
( ) IBS or Digestive Issues
( ) Other (please specify): _____

Medical Necessity Statement:
I am referring the above-named patient to you for hypnotherapy services as a complementary approach to support their health and well-being. This referral is in accordance with California

Statutes, which require a licensed healthcare professional's referral for hypnotherapy in medical contexts. Hypnosis and hypnotherapy will be provided by a qualified practitioner in a manner consistent with best practices and ethical guidelines.

Physician's Signature & Date:

Signature: _____

Date: _____

Additional Notes or Special Considerations:

_____

_____

_____

Consent & Acknowledgment:
I, the referring physician, acknowledge that I have discussed this referral with the patient and believe hypnosis may be beneficial as an adjunctive therapy.

Physician's Initials: _____