



Referring Agency

Doctor name:

Address:

Telephone:

Email:

Reason for referral:

Practice stamp (required):

Declaration (to be completed by the Doctor)

I declare the above information to be correct to the best of my knowledge. I am not agreeing to fund the client's hypnotherapy treatment and the client is aware that hypnotherapy is a private treatment.

Signed:

Date:

Client Details

Client name:

Client address:

Declaration (to be completed by the client)

I declare the above information to be correct to the best of my knowledge. I am aware that hypnotherapy is a private treatment and agree to pay the current Dr referral rates as published. I am aware that results are not guaranteed, but that my hypnotherapist will do their best to positive results.

Signed:

Date:

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