



BEYOND BETTER HYPNOTHERAPY

BETTER ● BRIGHTER ● BALANCED

RAINIE MILLS, C.Ht.
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(248) 797-9506

ENDORSEMENT REQUEST

Re: _____
(Print Name Legibly)

Dear Doctor:

Your patient would like to schedule an appointment for hypnosis to achieve their self-improvement goals. I offer vocational or avocational self-improvement, or work under referral of Doctors, Dentists or Psychologists. My techniques consist of stress management, deep relaxation and, when applicable, hypnosis for pain control. These techniques allow the client to increase his/her own natural resources to cope with his/her condition.

I ask for your referral for this client, not as your endorsement of hypnosis, but rather as your confirmation that you are aware of your patient's symptoms and goals and do not feel that seeking hypnotherapy for motivation to achieve those goals would in any way interfere with any necessary medical treatment or that hypnotherapy is in any way medically contraindicated for your patient.

I welcome your recommendations and referral and will keep you apprised of your patient's progress. Additionally, if there is anything in particular you would like to include in my work with your patient please let me know.

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DOCTOR ENDORSEMENT

Re: _____
(Patient Name)

In my professional opinion I see no contraindications, with regard to hypnosis sessions, for the above-mentioned patient. I understand the hypnotic sessions will consist of habit reconditioning and/or self-improvement.

I have the following comments and instructions regarding this case:

(Doctor/Therapists Signature)

Date: _____

Doctor/Therapists Name, Address, Phone:

Please mail this portion or Return with your Patient to:

58851 Van Dyke, Ste. 600
Washington Township, MI 48094
www.beyondbetterhypnotherapy.com

Rainie Mills, C.Ht.
Reg. #0015216

