Helga Rahn, Certified Hypnotist
Inner Harmony Hypnosis
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Physician Referral

Dear Dr. _____

I, Helga Rahn, am a trained and certified hypnotist by The Omni Hypnosis Training Center with director Gerald F. Kein, Banyan Hypnosis Center for Training and Services with director Calvin D. Banyan and Advanced Hypnotherapy Techniques by The American Institute of Hypnosis. I am a member of The National Guild of Hypnotists and The National Federation of Hypnotists, and a Board Certified Member of the National Board of Hypnosis Education and Certification. I have an established private practice in hypnotism, and my business Inner Harmony Hypnosis is registered in the State of New York and is located in Rochester, New York.

Your patient: _____

and/or parent/guardian: _____

has requested my help in the area of: _____

Hypnotism is not at this time licensed by state governments, and is a self-regulating profession of certified practitioners. I am neither a physician nor a licensed health care provider, and I do not provide medical diagnosis or medical treatment for illness, disease or mental disorders of any kind. Hypnotism does not replace conventional medical procedures, but works as a complement and in conjunction with the health care system.

Hypnotism is a mental conditioning process that allows the above named patient to use the natural and normal faculties of their mind to create desired and positive change and health in their life.

Your signature below authorizes me to help and guide the above named patient through the techniques of hypnosis for the purpose described above. Please include your address and telephone number, so that with your request I may inform you of your patient's progress. Please feel free to call me if you have any questions.

Please fax completed form to: **585.654.9323**

Thank you.

Helga Rahn, CH Date:

Physician Signature: _____ Date:_____

Physician Telephone Number: _____

Physician Address: _____

_____

Patient Signature: _____ Date:_____

Parent or Guardian Signature (for patient under 18 yrs. of age): _____

Date: _____