

Request for Medical Referral

Date:

Physician Name

Address

City

State

Zip

Client Name

_____ sought my services on _____

for habit re-conditioning. I am a consulting hypnotist who, by law, may only use “hypnotic techniques which offer vocational, avocational self-improvement or self-hypnosis” (New Jersey Administrative Code § 13:42-1.2). Included in that section, the law entitles me to work outside the areas of vocational, avocational self-improvement or self-hypnosis, provided that I receive a referral from a medical practitioner.

I have advised my client as to the scope of my abilities, within the law. In order to comply with the above-mentioned law, I have referred him/her to you for your examination to determine whether there are any physiological and/or other reasons, in your opinion, that hypnosis should not be used with this client. I welcome your recommendations and referral so that I may be of continued service to my client.

Your prompt reply will be greatly appreciated. I will keep you informed of my client’s progress, and should the need arise, I will contact you further.

Thank you.

James M. Giunta, M.H.
Trance Formation Hypnosis
205 Broad Street
Red Bank, NJ 07740

(732) 272-7230



Trance Formation Hypnosis, LLC

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(732) 272-7230

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Physician Name

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Phone

To: **James M. Giunta, M.H.**
Consulting Hypnotist

This will acknowledge receipt of your letter of request dated _____, regarding

Patient Name

In my professional opinion I see no contraindications, with regard to hypnotic sessions, for the above-mentioned patient.

I understand the hypnotic sessions will consist of habit reconditioning and/or self-improvement.

Should you need any further consultation or evaluation, please contact me at the above-mentioned phone number.

Sincerely,

Physician Signature

