Dear Dr. ___________________

I am a professional hypnotherapist with a private practice in Vancouver, Washington, and a certified member of both the National Guild of Hypnotists and the International Association of Clinical Hypnotherapy. I hold a doctorate in clinical hypnotherapy (DCH) from American Pacific University.

Your patient, _____________________________, and/or parent/guardian has requested help in the area of ________________________________________________
_______________________________________________________________________.

I do not attempt to treat or diagnose disease or mental disorders of any kind. Hypnosis in no way replaces standard medical procedures, but works in conjunction with them by freeing the patient of feelings and attitudes that may be inhibiting his or her natural immunizing or other vital processes. Hypnosis helps create strong mental expectancy and reduces stress, thereby normalizing the action of the autonomic nervous system.

Your signature below authorizes me to use hypnosis with the above-named patient for said condition.

Thank you,

Dr. Peter L. Greenfield, DCH, CHt

Doctor ________________________________

Patient _______________________________

Parent/Guardian _______________________