

# Clinical Hypnotherapist

Giuseppe Filotto (C. Ht.)  
38 Apollo Building  
1 Newton Place  
London  
E14 3TS

## Medical Referral Form

DATE: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

I am a Hypnotherapist certified in 2007 by the International Medical and Dental Hypnotherapist Association (IMDHA Membership N. 1106-11).

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 required 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, 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



Giuseppe Filotto (C.Ht)

Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_