

Hypnotherapy By The Bay
#4 Pointless Forest Trail
Annapolis, MD 21409
(410) 212-4144

Date: _____

Dear Physician/Therapist,

Your patient, _____, desires Hypnosis from Hypnotherapy By The Bay for _____ (purpose) and has informed us that he/she is under your care for an ongoing condition that may be related to client's hypnotherapy goals. Under those circumstances an acknowledgement and permission form is requested. This form is also required for individuals experiencing any of the following: ___Schizophrenia ___Chronic Depression ___Bi-polar ___Heart Disease ___Epilepsy.

The intent of this requirement is to establish open communication between us and to ascertain whether in your opinion the client is an appropriate subject for all types of hypnosis, set limits if necessary, and ensure that hypnosis would not interfere with your ongoing treatment of our mutual client.

About the Provider:

Janis KC Jarvis, MA MHt CRtII, has maintained this private practice since August of 2009. She is board certified by and a member in good standing of the National Association of Transpersonal Hypnotherapists. Ms. Jarvis holds a Masters in Counseling Psychology and is a Second Degree Reiki Practitioner.

Following earning her Masters Degree, she completed a 2-year certification program in Gestalt Psychotherapy and the first level of EMDR. Since 2009, she has earned the following certifications: Trauma Hypnosis, Advanced Hypnotherapy, NLP, HypnoBirthing, and Soul Link.

In recent years, Hypnosis has proven to be a viable alternative for the reduction or elimination of many various symptoms. Though it cannot be considered a panacea, nor a replacement for proper medical attention, Hypnosis has been sighted to produce quick, effective results that are atypical to other forms of treatment promoting positive change. If you have questions, please feel free to call Ms. Jarvis at 410-212-4144. For your convenience, you may use the following form; however, you may use whatever form of written communication is easiest and preferable for you.

Thank you for your time and effort in the facilitation of our mutual client's needs.

To: Janis KC Jarvis
Hypnotherapy By The Bay
#4 Pointless Forest Trail
Annapolis, MD 21409
(410) 212-4144

Date: _____

I, _____, (Physician or Therapist) am aware that _____ (Client) has requested Hypnosis from Hypnotherapy By The Bay for _____.

Client needs this acknowledgement and permission form because I am providing care related to client's hypnosis goals or because of one of the following on-going conditions:
 Schizophrenia Chronic Depression Bi-polar Heart Disease Epilepsy.

I understand that Hypnotherapy by the Bay will continue to assume all responsibility for the services they render to the above named client.

By signing this referral I am indicating that I am aware of this adjunct to my services and to the best of my knowledge am of the opinion that the client is an appropriate subject for Hypnosis and that Hypnosis for the specific purpose stated above would not interfere with my services.

Further, if not already requested, I would recommend that this client receive Hypnosis for:

- Smoking Cessation
- Weight Change
- Calmness
- Symptoms of Phobia (Which one: _____)
- Sleep Disorders
- Pain
- Other

Physician or Therapist Name

Date