



MIND MATTERS®  
HYPNOSIS CENTER, LLC

Date:  
To:  
Address:

Dear:

Your client \_\_\_\_\_ wishes to undergo hypnotic conditioning and suggestion for issues related to: \_\_\_\_\_

Since we require a psychological referral in such cases, we would appreciate your signature below indicating your approval. Should you have any questions please don't hesitate to contact me and be assured that I shall keep you informed as to your client's progress.

Thank you for your kind attention.

Sincerely,

Lisa Zaccheo and Rod Kelly  
Board Certified Hypnotists  
Mind Matters Hypnosis Center  
50 Albany Turnpike  
Building 4, 2<sup>nd</sup> Floor  
Canton, CT 06019  
Phone (860) 693-6448  
Fax (860) 693-2221

**For the Psychological Professional**

I have examined \_\_\_\_\_ and see no contraindication to the use of hypnosis and hypnotic suggestion in this case.

I have these additional comments and instructions for you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Psychological Professional's name, address: (Please print or type)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_