



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,

Monica Katzen, MA, CCH
Certified Hypnotist
Mind Matters Hypnosis Center
50 Albany Turnpike
Building 4, 2nd 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 # () _____ - _____