

Referral Request

Dr: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ Email: _____

Please see my patient (*name*) _____

for the following medical issue:

Hypnosis CPT code 90880

564.1 Irritable Bowel Syndrome

346.9 Migraine

307.81 Headaches

401.1 Benign Hypertension

628.9 Unexplained Infertility

524.60 TMJ

729.1 Fibromyalgia

307.40 Insomnia

788.30 Enuresis

Pregnancy Nausea

Chemotherapy Nausea

Pain Management

Other _____

Pre & Post Surgery Relaxation

Weight Loss

Smoking Cessation

Stress Management

Treatment Motivation & Compliance

Anxiety

Needle Phobia

Phobia _____

Exercise Motivation & Compliance

Depression

Bashful Bladder

Immune System Boosting

I would prefer to receive a progress report on my patient by: email mail telephone

Physician's Name: _____

Physician's Signature: _____ Date: _____