



Voss Wellness

voss@vosswellness.com

Phone/Fax: (866) HYP-WORK
(866) 497-9675

Date: _____

Doctor _____

Re: Patient Name _____

Greetings:

Your patient is planning to work with me, Stephanie Voss of Voss Wellness, to manage stress and help tame the specific issue(s) below. The client (or guardian) signature below allows us to communicate if any need arises, waiving confidentiality in this one specific way. No records are requested now.

As a certified clinical hypnotist, I help clients master breathing and relaxation techniques, anchor resourceful emotions and use imagery to manage pain. Doctors and licensed therapists often find that hypnosis improves patient compliance with their recommendations and improves response to both physical and psychological care.

If there is any reason to believe hypnosis may be contra-indicated, please indicate so on this form or contact me immediately at 323-478-1920.

CLIENT'S AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby authorize the provider named above to exchange and share medical/personal information about me (or child patient) with Stephanie Voss if requested by either party. NO Medical records needed now.

Patient Date of Birth: _____ Main Issue(s): _____

Patient OR Guardian Signature: _____

(Guardian Name and relationship, if applicable): _____

The specialized education, training and qualifications of Stephanie Voss, CHt, include the following:

* Certified Hypnotherapist #108-153, American Council of Hypnotist Examiners,
* Irritable Bowel Syndrome Hypnotherapy Certificate, Alabama Hypnotherapy Center.

* Medical Hypnotherapist Training
* Certified Hypnobabies Childbirth Instructor (2008-2016)
* "Mind-Body Pain Management" Instructor, Nursing CEU program, Huntington Memorial Hosp.

Clinical Referral/Authorization:

Please sign, date and return by email to voss@vosswellness.com or fax to (866) 497-9675.



(Provider Signature)

(Date)