



Dear Dr. \_\_\_\_\_:

Your patient \_\_\_\_\_, wishes to undergo hypnotic conditioning for the following purposes:

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Since we require a physician's referral and Dx code in such cases, we would appreciate your signature below indicating your approval. Please be assured that I will keep you informed as to your patient's progress.

Thank you for your kind attention.

Sincerely,

**Roberta A. Moore, LMFT**

P.S. – Your patient's "Permission to Release Medical Information" is attached.

### **For The Doctor**

I have examined my patient and see no contraindication to the use of hypnotic suggestion in this case. Diagnostic code (for your convenience, the following is a list of our most commonly used diagnostic codes for which we receive referrals):

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|------------------------------------|--|
| ____ 278.00 Obesity                | ____ 307.80 Somatoform Pain Disorder     |
| ____ 300.29 Simple Phobia          | ____ 302.75 Premature Ejaculation        |
| ____ 302.72 Male Erectile Disorder | ____ 305.10 Nicotine Dependence          |
| ____ 305.00 Alcohol Abuse          | ____ 300.02 Generalized Anxiety Disorder |
| ____ 307.60 Functional Enuresis    | ____ Other _____                         |

Additional comments and/or instructions:

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Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Referral Form Physician with Codes)