

# PHYSICIAN/THERAPIST CONSENT FORM

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Dear Linda E. Donalds, BCH:

My patient has chosen to use hypnosis as a complementary modality for help with the problem or health condition which I have indicated on the attached Physician/Therapist Consent Form (or by providing this information on my own letterhead).

I understand that it is your policy to be sure that the attending physician or therapist is aware that their patient is practicing hypnotism for this issue, particularly in the case of pain management, and also to give me opportunity to provide you with any additional instructions, precautions or comments to further assist you with helping my patient in achieving and maintaining a healthy lifestyle. I understand you will be teaching my patient self-hypnosis, and working with them in ways which include helping to have a positive attitude, reduce stress, encourage healthy eating, motivate to exercise, improve sleep, and build greater self-confidence.

I have filled out the included form (or provided on my own letterhead) with any additional information or instructions you will need regarding my patient.

Respectfully,

Your Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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## **About Linda E. Donalds, BCH CI**

Linda Donalds is a Board Certified Hypnotist and NGH Certified Instructor, and has been an active member in good standing with the National Guild of Hypnotists (NGH) since 1998. She has also completed additional specialized training programs covering advanced techniques in the field of hypnotism, including 5-PATH® Advanced Transformational Hypnosis Certification and NGH's certification in Complementary Medical Hypnotism as well as in the use of Hypnotism for Pain Management, Stress Management, Bariatric Surgery Support, Diabetes Motivational Coaching, and HypnoBirthing® Childbirth Education. In addition to private consultation, she teaches group hypnosis classes at various locations throughout the area, including Emerson Hospital, Mount Wachusett Community College, Acton-Boxboro Community Education, and Littleton Community Education. More information about her services and background can be found on her web site: [www.NewHorizonsInHypnosis.com](http://www.NewHorizonsInHypnosis.com).

*For Clients/Patients seeking Pain Management: Hypnosis has the ability to alter the perception of pain. A physician referral ensures that this individual is in fact being treated and for the specific pain condition indicated, avoiding the possibility that any symptoms might be masked before proper medical diagnosis and treatment have been made. Only a Licensed Medical Doctor can make a diagnosis for a pain condition, and instructions are needed so that pain is not blocked in a way that allows the individual to further injure themselves or hinder accurate evaluation of their condition. Linda Donalds can tailor hypnosis to the patient's specific pain relief needs. More information is available on her website or by calling her office.*



# New Horizons in Hypnosis

A Holistic Approach for the Body, Mind & Spirit.

Linda E. Donalds, BCH CI

NGH Board Certified Hypnotist

492 Holman Street, Lunenburg MA 01462

ledonalds@newhorizonsinhypnosis.com (email)

508-246-2721 (voice)

Patient/Client: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Next Hypnosis Session Date: \_\_\_\_\_

### For the Client:

I understand that hypnosis is not a substitute or replacement for traditional medical care, and that I should not discontinue or modify any medication or other treatment presently being taken without first discussing it with my doctor and obtaining medical approval.

While hypnosis to assist with medical care does carry CPT Code #90880, health insurance normally does not cover hypnosis. I understand that I will be paying you directly for hypnosis services.

Client's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### For the Doctor or Therapist:

I have examined my patient, and see no contradiction to the use of hypnotic suggestion in the case of my patient's following issue:

Diagnostic Code: \_\_\_\_\_

Diagnostic Title: \_\_\_\_\_

Additional instructions, precautions or comments:

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

Doctor's Signature: \_\_\_\_\_

License #: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

### PLEASE MAIL THIS COMPLETED FORM TO:

New Horizons in Hypnosis  
Linda Donalds, BCH CI  
492 Holman Street  
Lunenburg, MA 01462

Alternatively a PDF Scan can be Emailed to [ledonalds@newhorizonsinhypnosis.com](mailto:ledonalds@newhorizonsinhypnosis.com).