



Physician Authorization

I, _____, authorize the use of hypnosis in support of treatment
Physician's name

for my patient, _____ by STRIVE Neuro Linguistic Hypnosis.
Patient name

My patient is aware of and agrees to the following Client Responsibilities.

Physicians Signature: _____ Print name: _____

Date: _____

Hypnosis Client Responsibilities

Consulting hypnotists do not work independently with medical conditions, diagnose, treat, or prescribe. Consulting hypnotists do not practice psychotherapy. Consulting hypnotists guide their clients into a state of deep relaxation, which enhances clarity of mind, facilitates shifting limited beliefs, and allows clients to reach their goals and enhance their wellbeing using hypnotic techniques. Consulting hypnotists only work with stress management around diagnosed physical, mental, and emotional symptoms with the authorization and under the supervision of medical doctors, psychiatrists, psychologists, nurse practitioners and social workers. A physician's written authorization is required prior to initiating work regarding diagnosed conditions. Working in close cooperation with the client's medical team enables us to ensure client's progress in an optimal manner.

1. *Client is willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques. Client is aware that these modalities are non-medical in nature and it is client's responsibility to consult her/his regular doctor about any changes in condition or changes in medication.*
2. *Client understands that the above modalities are not substitutes for regular medical care and have been advised to consult her/his regular doctor or health care practitioner for treatment of any old, new or existing medical conditions.*
3. *Client understands that change is client's responsibility. The Consulting hypnotist is only a facilitator in the process of solving the client's problem(s). It is client's responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help client achieve their desired goals.*
4. *Client understands that she/he may be assigned homework, tasks or other responsibilities and agrees to follow instructions to the best of her/his abilities, realizing activities are specifically designed to help client achieve their desired goals.*

Trust and open communication are vital to our success in achieving your goals. Our purpose is to achieve the greatest amount of benefit in the shortest possible time. Your willingness to be honest and forthcoming during the initial intake and all subsequent sessions is vital to reaching your goals.

STRIVE Neuro Linguistic Hypnosis

10445 SW Canyon Road, Suite 111-E, Beaverton, OR 97005

(503) 789-0655, StriveNLH@gmail.com

Carrie East, BASW, C.Ht, CM.NLP-TS, CMT.NLP