

Rocky Mountain Hypnotherapy Center, LLC
James Schwartz, Board Certified Hypnotherapist
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Lakewood, CO 80228
(303) 987-1604

Dear Health Care Provider,

My client, _____, has chosen to use
hypnotherapy as a complementary modality in working with _____
_____.

It is important to note that you are and will remain the primary care provider, and the client's
signature on this form indicates their understanding that hypnotherapy is not a substitute or
replacement for traditional medical care.

Please feel free to call if you have any questions.

Jim Schwartz, BCH

Client's signature

Date

It is acceptable to use complementary hypnotherapy for the client named above.

Doctor's signature

Date