



# Hypnosis *Mind* Works

2024 Cherry Hill Drive, Suite 201-F, Columbia, MO. 65203

## Patient Referral for Hypnotherapy

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Contact/Phone \_\_\_\_\_

Diagnosis/ICD-10 \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor/Health Care Provider \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please call (573-230-2868) or fax this request to Hypnosis Mind Works at 877-303-0025.  
And as always, please call if you have any questions or if I can be of assistance.

Thank you,

Barbara C Phillips, APRN, GNP, FNP-BC, FAANP  
Clinical Hypnotherapist

*\*Please note, this office does not provide medical services such as prescribing or diagnostic services.*