

Dear: Dr. _____

I am a professional Clinical Hypnotherapist, Time Line® Therapist , and Master Neuro Linguistic Programming (NLP) Practitioner, with a private practice in Sudbury, Ontario. I am registered and certified with the American Board of Hypnotherapy, Time Line® Therapy Board, and ABNLP.

Your patient,[_____]and/or parent/guardian has

requested my help in the area of [_____].]

NLP, Time Line Therapy® and hypnotherapy in no way replaces standard medical procedures, but works in conjunction with them by freeing the patient of feelings and attitudes that may be inhibiting his or her natural immunizing or other vital processes. It eliminates negative emotions and self limiting beliefs. Time Line Therapy® helps create strong mental expectancy and reduces stress, thereby normalizing the action of the autonomic nervous system.

Your signature below authorizes me to use NLP, Time Line Therapy® and hypnotherapy with the above named patient for said condition.

Thank you,

Joanna COX MNLP MTLT MCHt

Doctor _____

Patient _____

Parent/Guardian _____

Date _____