# Hypnosis Columbia LLC

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Columbia, MD 21044

Phone: (443) 686-9645

Fax (410) 910-8710

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

Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

has come to us for hypnosis/hypnotherapy for the following issue/condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir/Ma’am,

My name is Racquel Knight and I’m the owner of Hypnosis Columbia. I’m a National Board-Certified Health and Wellness Coach and certified professional hypnotist. I help people achieve their health and wellness goals. I’m an active member in good standing with the National Board for Health and Wellness Coaching and the National Guild of Hypnotists, the oldest and largest hypnosis organization in the world. Hypnosis Columbia LLC was established in October 2013 and is registered in the State of Maryland.

Hypnosis Columbia has helped people lose weight; take control of their eating and exercise habits; reduce stress, anxiety, pain, digestive symptoms; tobacco cessation; eliminating drug urges and cravings; fears and phobias; and peak performance in all areas (e.g. mental, physical, professional, academic, and sports).

Finally, would you like Hypnosis Columbia to send you a progress report of your patient’s success/progress? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Thank you!

*Racquel A. Knight*

Racquel A. Knight, MA, CH, NBC-HWC

Hypnosis Columbia LLC

**Medical Provider**

I have evaluated this patient and found no contraindications to the use of hypnosis, hypnotherapy, or coaching for the above-mentioned issue/condition named above.

**Provider’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_

(Printed name and title)

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_

**Provider Address & Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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