

Patient Approval Form-Tinnitus
James Malone-Certified Hypnotist
516 Bay Ave, Point Pleasant Beach, NJ, 08742
(732) 714-7040

Your Patient _____ wishes to undergo
hypnotic counseling and suggestion for the improvement of Stress Related to Tinnitus.

Since we require approval from the clients physician in these matters as a professional courtesy,
we appreciate your signature below indicating your approval. Please be assured that I am happy to
discuss your patient's progress with you at any time.

Thank you for your kind attention.

James Malone-Certified Hypnotist

Date:

(Tear here and return bottom portion)

I have examined _____ and see no contra-indication to the use
of hypnosis and hypnotic suggestion in this case.

I have the additional instructions for you (optional)

Physician/Therapist _____

Date: _____