



To the client – enter your name, details and date and, then  
Please, present this letter to your GP and request their polite consideration of the request.

**Client Name, Address, Date of Birth**

**Date**

To the GP of the above named person.

Dear Doctor,

The above named person would like to use my services - I use clinical hypnotherapy, counselling and/or a CBT approach to help reduce unwanted symptoms for my clients. I use a *Gut Specific Protocol* for IBS symptoms.

As the named person has symptoms that lead me to have concerns, I require conformation from you that the symptoms have a diagnosis and that there are no contra-indications, with this diagnosis, to having some hypnotherapy sessions. I would be very grateful if you could please sign the form below / identify it with the surgery stamp as an indication that, in the event of reducing pain or symptoms, hypnotherapy would not be detrimental for this named person.

I have requested permission to share the outcome of this therapy with you.

Many thanks for your support in this matter.

Yours sincerely,

*Suzanne Lamb*

Suzanne Lamb RGN ENP BScHons DipAT DipCouns DipHypCS AdDipPsyc DipCBT

I work within the strict Code of Conduct of the BACP, NMC and also the National Hypnotherapy Society and National Counselling Society both of which are members of the AVR.

**Medical Practice / Medical Centre Name**

**GP (name) -**

**I confirm by signing this / stamping it with the named surgery stamp that there are no contra-indications for the above named person when receiving hypnotherapy.**

Medical Centre stamp

To the client – please ensure I have seen the form before your IBS treatment can commence.  
You may bring it with you or email it to me. Many thanks, Suzanne.