



**Energy Health & Wellness LLC**  
**Michele Dellavalle, CHTP, ART, MRT, CH**  
**(908) 403-2045**  
**Reikiehw.com**

Letter Request for Written Referral

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

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Dear: \_\_\_\_\_

Your Patient, \_\_\_\_\_, desires to be instructed in self-hypnosis and receive conditioning and suggestions for the following purpose(s):

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In the case of this type, I require a physician's referral, and I would appreciate your signature below indicating your approval. You may be assured that the within form will remain confidential and in this patient's file. I shall keep you informed of the patient's progress.

I thank you for your time and courtesies in this matter.

Respectfully,

Michele Dellavalle  
Certified Hypno-Counselor

Acknowledgement:

I examined and/or discussed this matter with the above named patient and see no contraindication to the use of self-hypnosis instruction and hypnotic conditioning and suggestion in this case.

X

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