



Date

I am a professional Neuro Linguistic Programming (NLP) Trainer, Master Time Line Therapy™ therapist, a Trainer of Hypnosis and as well a Master Clinical Hypnotherapist with a private practice in Newmarket, Ontario. I am registered and certified with the American Board of Neuro Linguistic Programming, the Time Line Therapy™ Association and the American Board of Hypnotherapy.

Your patient, _____ has requested my help in the area of self-development.

I do not attempt to treat or diagnose disease or mental disorders of any kind. 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

Glenda I Johnson, RPT
NLP & Hypnosis Trainer
Master NLP Coach, MTLT, MCHt

Signatures

Doctor's Signature

Print Doctor's Name

Date

I hereby refer:

Patient

Date

Parent/Guardian

Date