Medical Clearance for Hypnotherapy

For a one-time smoking cessation session. The client completes Part 1; their physician completes Part 2.

Why you're receiving this

Your patient has asked for help to stop smoking through hypnotherapy. Because of something in their health history, I'm asking for your confirmation that the session is appropriate for them. It takes about two minutes. Your answer is kept confidential and used only to prepare for their session.

1 Client information *completed by the client*

FULL NAME

DATE OF BIRTH

PHONE

EMAIL

PLANNED SESSION DATE (IF KNOWN)

REASON CLEARANCE IS BEING REQUESTED (CONDITION, MEDICATION, OR HISTORY)

Authorization to share information

I authorize the physician named in Part 2 to complete this form and share it with Eddie Lozano, registered hypnotherapist, My Last Smoke (Elevated Minds LLC). I understand this information is used only to decide whether hypnotherapy is appropriate for me and to plan my session, and that I can withdraw this authorization in writing at any time.

CLIENT SIGNATURE (TYPE OR SIGN BY HAND)

DATE

About the session, for the physician

Format. One 60-minute session, online or in person, with a free follow-up session if needed.

Process. Guided relaxation, focused attention, and suggestion. The client stays awake, aware, and in control, and can stop at any time.

Nothing physical. No medication, supplements, devices, or physical procedures are involved.

Scope. Eddie Lozano is a hypnotherapist registered with Washington State (RCW 18.19). He is not a licensed medical or mental health provider and does not diagnose, treat medical conditions, or advise on medication.

2 Physician clearance *completed by the physician*

Based on what you know of this patient's health, please choose one:

- ◯ Cleared to participate, no restrictions
- ◯ Cleared to participate, with the precautions noted below
- ◯ Not cleared at this time
  If you choose this, the session will not go ahead and the client receives a full refund.

PRECAUTIONS, NOTES, OR ANYTHING THE HYPNOTHERAPIST SHOULD KNOW

Please check any that currently apply to this patient (optional)

- ☐ Seizure disorder or epilepsy
- ☐ Psychotic disorder
- ☐ Bipolar disorder
- ☐ Dissociative disorder
- ☐ Cardiovascular condition
- ☐ Pregnancy
- ☐ Uses a cessation aid (NRT, varenicline, bupropion)
- ☐ Severe depression or current crisis

If your patient uses a cessation aid, decisions about continuing or stopping it stay with you. Hypnotherapy is used alongside your medical guidance, never instead of it.

Physician information

PHYSICIAN NAME | CREDENTIALS (MD, DO, ARNP, PA-C) | LICENSE OR NPI NUMBER

PRACTICE OR CLINIC | PHONE | FAX

PRACTICE ADDRESS | EMAIL

PHYSICIAN SIGNATURE (TYPE OR SIGN BY HAND) | DATE

PLEASE RETURN TO

Eddie Lozano · My Last Smoke
Registered Hypnotherapist, Washington State

info@mylastsmoke.com
(253) 234-5431
Email it back, or hand it to your patient to bring along.

Thank you for supporting your patient's decision to stop smoking.