



Dear Dr.

Your patient \_\_\_\_\_, wishes to undergo hypnotic conditioning for the following purposes:

\_\_\_\_\_  
Since we require a physician's referral and DX code in such cases, we would appreciate your signature below indicating your approval. Please be assured that I will keep you informed as to your patient's progress.

Thank you for your kind attention.  
Sincerely,

Nathalie Kelly, BCH  
Please send this to:  
Nathalie Kelly, BCH  
185 Tilley Drive  
South Burlington, VT 05403  
(802)233-8064

***For The Doctor***

I have examined my patient, and see no contraindication to the use of hypnotic suggestion in this case. For your convenience, the following is a list of our most commonly used diagnostic codes for which we receive referrals:

- |                                 |  |
|---------------------------------|--|
| ____ 278.00 Obesity             | ____ 307.80 Somatoform Pain Disorder     |
| ____ 300.29 Simple Phobia       | ____ 302.75 Premature Ejaculation        |
| ____ 305.10 Nicotine Dependence | ____ 300.02 Generalized Anxiety Disorder |
| ____ 305.00 Alcohol Abuse       | ____ Other _____                         |
| ____ 307.60 Functional Enuresis |  |

Prescriptions (if needed) can be written for CPT 90880 Medical Hypnotism.  
Additional comments and/or instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Nathalie Kelly, BCH**  
233-8064

## **Pain Questionnaire**

How long have you had this pain?

Do you have any prior history of this pain?

Have you been given a diagnosis?

What prior treatments have you tried?

Medications, surgeries?

What impact is this pain problem having on your relationships, work, sleep, leisure activities, sexual activity?

If you were free of this pain today, how would your life be different?

What would you do that you can't do now?

What was happening in your life at the moment that this appeared?

(in your environment, emotion, or thinking)

What was happening in your life at the time that this improved?

Do you believe that a cure is possible? When did you decide this?

Have you been depressed as a result of this pain? Anxious?

**Please circle the words that describe your pain:**

Aching	beating	binding	biting	burning	caustic	
Cool	corroding	cramping	crushing	cutting	drilling	dull
flashing	flickering	gnawing	grinding	gripping	heavy	hot
itching	lacerating	nagging	nauseating	numb	penetrating	
piercing	pinching	pounding	pulsing	rasping	ripping	searing
sharp	shooting	smarting	spasming	splitting	squeezing	
stabbing	stinging	tearing	throbbing	tingling	twisting	

If zero was no pain, and ten was excruciating and unbearable agony, where on the pain scale are you when the pain is at its most intense?

0      1      2      3      4      5      6      7      8      9      10

Where are you on the pain scale right now?

0      1      2      3      4      5      6      7      8      9      10