NeuralPath Strategies
Cari@NeuralPathStrategies.com | 860-484-1329

Referral Acknowledgment Form

Purpose of This Form
This form is used when a client receiving services from NeuralPath Strategies has also informed their medical or mental health provider about their participation in non-clinical, non-diagnostic hypnotherapy or coaching sessions. It ensures professional transparency without implying endorsement or clinical coordination.

For the Referring Provider
Your patient, _____**]**, has chosen to pursue services with **NeuralPath Strategies**, provided by Carilyn Moisan, owner.

NeuralPath Strategies offers non-clinical services including relaxation training, guided imagery, subconscious exploration, mindset support, and perceptual reframing. These services are intended to support emotional clarity, personal insight, and belief reframe through non-medical means.

Please note the following:

- No diagnosis or treatment is provided
- Services are not a replacement for medical or mental health care
- Clients are always encouraged to remain under appropriate clinical supervision

This form is not a request for endorsement or consultation. It is used solely to acknowledge that you, the primary care or behavioral health provider, are aware that your patient is participating in services outside your scope of care.

Provider Acknowledgment

Patient Name: _____

☐ I acknowledge that the above-named patient is seeking hypnotherapy or mindset support services from NeuralPath Strategies.

☐ I understand that these services are non-diagnostic, non-medical, and do not conflict with my current treatment plan.

☐ I do not consider this acknowledgment an endorsement, referral, or liability agreement.

Provider Name: _____ **Date:** _____

Signature: _____

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Client Consent to Share

I, _____, have provided this form to my licensed medical professional to obtain the afore mentioned services with NeuralPath Strategies. I understand that no additional information will be shared and that NeuralPath Strategies is not a medically licensed company and does not practice any services reserved for those with such licensing (i.e., medical doctor, therapist, etc.).

Client Full Name: _____

Signature: _____

Date: _____

Carilyn Moisan, Owner of NeuralPath Strategies

Signature: _____

Date: _____