



Healing Mind CY

HEALTHCARE PROFESSIONAL REFERRAL / SIGNPOSTING FORM

Clinical Hypnotherapy • Healing Mind CY

PRIVATE SERVICE

Healing Mind CY is an independent private practice. HMCY services are provided on a private, self-funded basis and are not provided through GESY (GHS). Fees are discussed directly with the patient before any paid sessions are arranged.

A referral or signposting recommendation does not create any obligation for the patient to proceed. HMCY will discuss suitability, fees and the proposed service directly with the patient.

Patient name

Date of birth

Patient phone / email

Referrer name

Practice / organisation

Referrer phone / email

Preferred contact method

Date of referral

Reason for referral / area of concern

Relevant medical / psychological context

Current treatment / medication relevant to this referral

Patient consent

- ☐ The patient is aware of this referral / signposting.
- ☐ The patient consents to HMCY contacting them about this referral.
- ☐ The patient consents to HMCY contacting the referring professional if clinically relevant.
- ☐ The patient consents to relevant information being shared between HMCY and the referring professional where appropriate.

Referrer signature: _____ Date: _____

Please avoid sending unnecessary sensitive information. HMCY will clarify consent and suitability directly with the patient.

Please photocopy this blank form as required. Additional copies can also be requested from HMCY.

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Online worldwide • In person in Cyprus