

Dr. med. Susanne Thielbeer

Naturheilverfahren • Hypnosetherapie

Ärztin für Kinder- und Jugendmedizin



Parental consent for treatment of a minor child with hypnotherapy
by Dr. med. Susanne Thielbeer, paediatrician and hypnotherapist

Name of parents: _____

Phone number: _____

Name of child: _____

We hereby give as parents/legal guardians consent to treatment of our child with
hypnotherapy by Dr. med. Susanne Thielbeer.

We have read the information on hypnotherapy by Dr. Thielbeer and filled out the medical
history form as well as the PVS form.

City, date: _____

Signature of both parents/legal guardians

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Hypnotherapie für Kinder, Jugendliche und Erwachsene

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