



Notification Form Regarding Evaluation of Patient by Physician

In the state of Texas, acupuncture and Oriental medicine is not considered “primary health care.” As a result, Elements of Acupuncture, PLLC is required to have you respond to the following statements before you may be treated. Please be advised that we will not be permitted to treat you with acupuncture if your response to all of the statements is no.

(Pursuant to the requirements of 22 TAC 183.7 of the Texas State Board of Acupuncture Examiners’ rules (relating to the Scope of Practice and Tex. Occ. Code Ann., 205.351, governing the practice of acupuncture.)

I (patient’s name) _____ am notifying the practitioners at Elements of Acupuncture, PLLC of the following:

___ Yes ___ No I have been evaluated by a physician or dentist for the condition being treated within 12 months before the acupuncture was performed. I recognize that I should be evaluated by a physician or dentist for the condition being treated by the acupuncturist.

OR

___ Yes ___ No I have received a referral from my chiropractor within the last 30 days for acupuncture. After being referred by a chiropractor, if after two months or 20 treatments, whichever comes first, no substantial improvement occurs in the condition being treated, I understand that the acupuncturist is required to refer me to a physician. It is my responsibility and choice whether to follow this advice.

OR

I have not been evaluated by a physician or dentist for the condition being treated, nor have I received a referral from a chiropractor, but I seek treatment for symptoms related to one or more of the following conditions:

___ Chronic pain

___ Alcoholism

___ Smoking addiction

___ Substance abuse

___ Weight loss

Patient Signature Required

Date

