

Form to be completed by patient notifying the acupuncturist as to whether he/she has been evaluated by a physician, and other information

Pursuant to the requirements of Rule 183.6(e) of this title and Tex. Occ. Code Ann., 205.351, governing the practice of acupuncture.

I (patient's name) _____ am notifying the staff and acupuncturist(s) of Ginkgo Tree Acupuncture, PLLC of the following:

1. I have been evaluated by a physician or dentist for the condition being treated within the twelve (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.

_____ Yes _____ No

OR

2. I have received a referral from my chiropractor within the last 30 days for acupuncture. After being referred by a chiropractor, I understand that the acupuncturist is required to refer me to a physician if no substantial improvement occurs in the condition being treated after 120 days or 30 treatments, whichever comes first. It is my responsibility and choice whether to follow this advice.

_____ Yes _____ No

Signature of Patient: _____ Date: _____

Note: Exemptions according to Rule 183.6 (e) Scope of Practice

*3) ... an acupuncturist holding a current and valid license may without an evaluation or a referral from a physician, dentist, or chiropractor perform acupuncture on a person for **smoking addiction, weight loss, alcoholism, chronic pain, or substance abuse.***